

# **The Osteopathic Physician**

**May 1911**

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# The Osteopathic Physician

Volume XIX.

CHICAGO, MAY, 1911

Number 5

## A Record of 1,146 Cases of Typhoid Fever Under Osteopathy With But One Fatality

By F. C. Jones, M. D., D. O., Sunnyside, Wash.

THE words that I may say may not be new to all of you, but having had years of experience I may say something that will be of help especially to some of the younger doctors. For I think I have demonstrated both against myself and all medical competitors that osteopathy has in it that which will outstrip all other known systems of treatment for typhoid fever. Having demonstrated this by years of practice both with drugs and without, I hope to be of help to you whereby you can take the lead in your community in the treatment of all this class of diseases. If you get started along this line it will mean much to you, as well as a big boost to osteopathy in your community.

I wish to report that out of 1,146 cases we have only had one death. And what is also significant, very few cases have been allowed to run a siege.

I will pass over the etiology and diagnosis with but a word about the cause. I believe it to be a germ, the typhoid Bacillus. Usually the system can resist these, even when they are present in the intestines, but when the resistance is lowered or broken down by malaria or something else they begin to get in their work and the result is typhoid fever. *NOW* is the time for the osteopath to get in his work.

Combat the erroneous idea that malaria may turn into typhoid. It does not. We can not raise corn from cotton, nor hogs from sheep. Neither typhoid fever from malaria. When this resistance is gone, then this typhoid poisoning starts up. We have the fever from the top of the head to the soles of the feet. If allowed to run it usually runs twenty-one days or longer.

I will pass on to the treatment, for that is the most important thing.

In 1876 I treated my first typhoid fever case. The then so-called "typho-malaria." I took notes, and the other day I ran across my old note book, and was reading what I gave that poor fellow until he died! Really, it was no wonder he died. I am sure I myself could not take the same stuff now and live through it. Yet it was orthodox medicine for that period. Usually we had to treat the case twenty-one days before we were sure of our diagnosis; then we would set in to treat the case until one or the other would give out. That is, the patient or the treatment. Yet we doctors were then thought almost divine—with a little "d."

I have changed my treatment as the times have changed, as the Woodbridge method and c. c., until today THE OSTEOPATHIC WAY is the one. I am sorry that I kept no record of all the cases that I treated with medicine. But one year I reported 208 cases to the County Medical Society with only 12 deaths.

Now if I am called early I am sure of quick success; if called late it will take a little longer.

First, I am very frank with my patients, and explain the cause of the fever, and tell them we must stop putting in stuff that will feed it or cause more fever; so I stop all foods for two to four days, commence to clean out the bowels, get the infernal stuff out of the patients' systems

and in to the chamber pots and then it will no longer hurt them.

I use enemas, two quarts warm water three times a day at first. Later not so often. If I find they have taken a dose of salts I do not quarrel about it. If they are taking any medicine I stop it at once. Stop all food for a few days, but give lots of drink. The best is lemonade and lots of it at all times. Sponge baths often, especially if fever is up.



Dr. F. C. Jones, of Sunnyside, Wash.

Osteopathic treatment is first over the right iliac region. This starts the phagocytes to work and resists the entrance of more poison. This is the place that I do most of my work—even though Dr. Tasker says it is *nil*. (p. 385.)

Then the liver next, for I rely on the bile as my intestinal antiseptic. I believe that is what God intended it for. We may have had a royal battle in there with the aggressiveness of the typhoid bacillus and the fight put up by the leucocytes and the bile to carry away the debris so I give *lots of treatment to the liver*. My aim is to get the tissues physiologically normal, for it is only where we have imperfect elimination that we can be subject to the invasion of pathogenic germs. The most important offices of the leucocytes is to attack, devour and destroy invading micro-organisms; then the enemas flush them away. It is a battle royal—the Japs and the Russians and leucocytes, or Japs, win.

Spinal stimulating treatment is given over the lower dorsal and lumbar region to stimulate the vasomotor supply to the bowels, particularly the 3, 4 and 5th lumbar.

If fever is high, I inhibit the cervicacal ganglia. Within half an hour, or at most an hour, I have the attendant use an enema of two quarts of warm water. Also after every treatment; also at other times as stated.

No food, milk or broth, for these only make an ideal media for the development of the Typhoid B. No food, but love and water for a few days. Lemonade all the time. Buttermilk or lime fruit juices. Try and develop a culture of Typhoid B. in lemonade. You will see you will fail, but with milk or broth you will succeed.

You need not consider the subject of "sustaining" your patient. *They will not be sick long enough to need sustaining*. There will be no insomnia or hemorrhage, no danger with Pyer's patches, because we keep away from the danger point. Inhibit the 9th dorsal down.

Baths. I have them sponged off every day and several times a day if the fever is high. Slow the heart by inhibiting at the 2nd to the 5th dorsal.

Diet. The first food I give is dry buttered toast, eaten slowly; this being a carbo-hydrate its digestion is begun by the ptylin of the saliva. Later fruits, either ripe or canned; then eggs; then the dry breakfast foods with cream. I allow no meat for over a week.

You may say my cases were *not* typhoid. Well, they proved to be in many cases by the Widal Wave test. I have often made cultures and examined them with the 1/12 objective and could isolate the Typhoid B. with their flagella. Besides, I have had many cases that my M. D. competitors had already diagnosed as typhoid before I had been called. And, I might add, I have been in practice long enough, and had a sufficient number of these cases, to have developed at least fair skill in recognizing typhoid conditions.

While I wish to give all credit to osteopathy, *STILL* I would not be true to myself if I did not tell you that the *PSYCHIC* control of my patients has much to do with helping the patient up. In fact it has much to do with all our work. The getting control of the mental attitude of our patients often means the difference between success and failure. For no one can practice medicine very long before he realizes that many of his patients need mental treatment as well as physical treatment.

One thing more I wish to enlist each of you D. O.'s in the fight against the house fly. Write articles for your local papers and speak before farmers' meetings, etc. Last year W. C. Parfitt, D. O., of our city, was health officer and did good work in having the manure hauled away. I have an inside and an outside closet, and the outside one is screened tight and a notice kept on the screen door to close it on going out or in. I have them also use a disinfectant on all excreta. By-Chloride or Chloride of lime on dry earth.

A case: Mr. B., age 52; an M. D. was first called. Dr. T. F. was given 2 gr. Qui. Ace. and Dov. Pow. and a diuretic, milk and broth. I was then called and the patient said at once: "If I have got the fever I want you for I know you can stop it." Well, I was not conservative, but said at once that *I would*, and thus set his mind at rest on that score. I got to work as per the foregoing and after four visits the fever was gone and in a week he was out. I presume that fellow has told that experience to hundreds.

Another: Miss R., age 19, sick three days; M. D. had made three visits; I was called; fever 104½; constipated, brown tongue. The

doctor had done nothing to relieve bowels and was giving milk. He had told them she would have a run of fever for about a month. She would have, too, under his care, beyond peradventure or doubt. I was called and the above treatment, as I follow it, brought her out in just one week.

AND IT HAS DONE SO FOR ME IN OVER A THOUSAND CASES AND IT WILL DO SO FOR YOU.

[This paper was read by Dr. Jones before the Washington State Osteopathic Convention at Wenatchee, Wash., April 1st, 1911.]

## Twentieth Century Treating Table Result of Years of Study and Experiment—A Remarkable Aid and Convenience in Treating and a Big Back Saver

ARRANGEMENTS have been made for the manufacture of the Twentieth Century Treating Table, invented by Dr. J. V. McManis, and the profession at large will soon have an opportunity to test the benefits to be derived from its use. It has excited enthusiastic praise from those who thus far have been able to see and demonstrate it, and

tion. In this way a maximum effect is obtained with a minimum distress to the patient and with but very little exertion on the part of the operator.

The traction harness is unique in design. Without the slightest distress to the patient his intervertebral discs may be separated within normal limits, the "binding" effect of con-

tracted muscles and old adhesions largely overcome and his articular facets placed in the very best position for spinal correction. The scientific value of this feature will be readily appreciated but the ease with which the results are obtained proved a revelation to the osteopaths who tested the table.

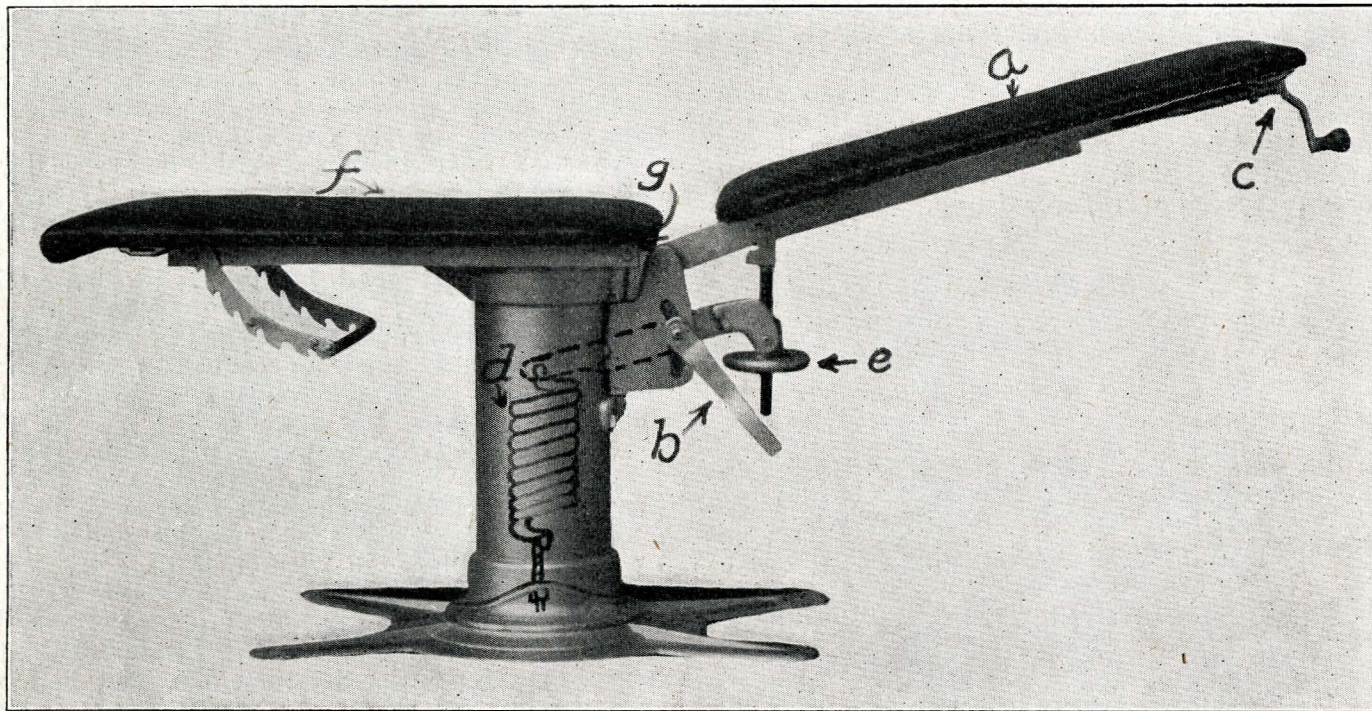
The upper section of the table (f) is hinged at its inner end (g) and its outer end can be raised to any desired degree. This enables the operator to treat the neck in an upright position, eliminating so much of the "tired back" feeling caused by the "bent over" position necessary for such work on the old tables. This elevated end in conjunction with the gynecological limb supports, especially designed and quickly placed in position or removed, will prove of great assistance to the doctor who practices any gynecology. The patient may be placed in the "Dorsal Recumbent," "Edebohls," or even the "Trendelenburg" posture and elevated to any degree desired. The vertical rod for the enema or douche bag is also deserving of mention here.

The extension screw (c) regulates the approximation and separation of the two sections of the table. With both sections in the horizontal plane and closely approximated a rigid ordinary flat treating table is obtained. The hydraulic lift, with foot lever, makes the raising or lowering of the entire table a most simple matter. Tables will be made with or without this attachment. The appearance of the table is a beautiful combination of elegance and stability. In selecting its finish, appearance and durability have been the main considerations.

The following letter from Dr. Frank P. Pratt, Professor of Applied Anatomy at the A. S. O., seems to reflect the sentiment of the entire faculty there towards the Twentieth Century table.

"I recently had the privilege of examining the Twentieth Century Treating table and wish to say a word of commendation. Together with beauty of construction, the table presents unusual features of utility.

"The universal ball-and-socket joint particularly impresses me and I believe that it solves

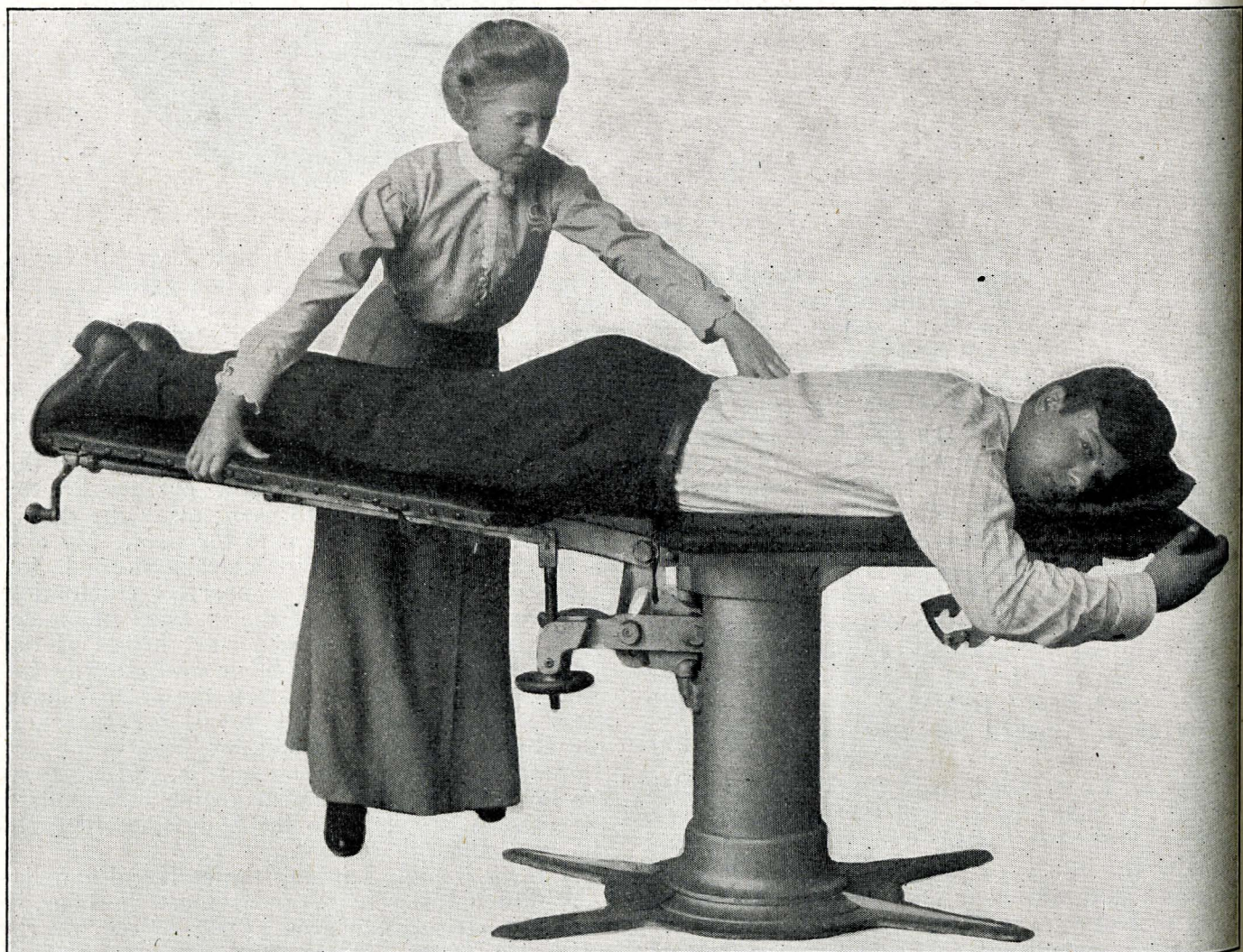


Improved Twentieth Century Treating Table.

we believe it will prove a valuable addition to the office equipment of osteopathic practitioners and win the hearty endorsement of the profession. The illustrations herewith give a good idea of the appearance and construction of the table and the method of utilizing special features in certain treatments. It is made with a double section top. The lower, or movable section (a), like the first table, can be swung from side to side, raised or lowered to any degree, fixed and then swung from side to side. In this way the operator can obtain any degree of hyperflexion or hyperextension of the patient's spine and then use the lateral swinging motion. The friction clutch (b) firmly fixes the section at the desired level.

By combining this feature with the friction screw (c) any particular sectional group of tissues may be stretched or compressed within physiological limits and then the lateral movements applied. This feature alone is said by those who have tried it to be of inestimable value to the profession. The simple leg hook enables the operator to obtain this lateral motion without the use of his hands, thus leaving them free for specific spinal work.

By releasing the friction clutch the weight of the swinging section is immediately taken up by the powerful central spring (d). The strength of this spring can be easily and quickly regulated to meet the exact weight of the particular patient being treated. This regulation is accomplished by few turns of the spring tension adjustment wheel (e). With the patient in position and the universal joint and central spring in operation, but a very few pounds of energy are required to swing the patient's body back and forth, or up and down or through complete circumduc-



Demonstrating Use of Universal Joint. A 100-pound Operator Treating a 225-pound Patient.

fully a problem which has hitherto been a very serious one to osteopaths; the effective adjustment of lumbar lesions, without a back breaking strain on the operator. Not only is the physician able to accomplish the movements normally provided for in this region, fixing accurately the point of such movement, but he is also able to do this, even in the heaviest

and in spinal correction. He used this table in his general practice for four or five years with no definite idea of placing it on the market. In the fall of 1910 he entered the A. S. O. for post graduate work. It was after his arrival in Kirksville that he was persuaded by his wife to have the old table sent up for examination by the men on the faculty. Fol-

lowing this examination he conceived the idea of using the universal joint.

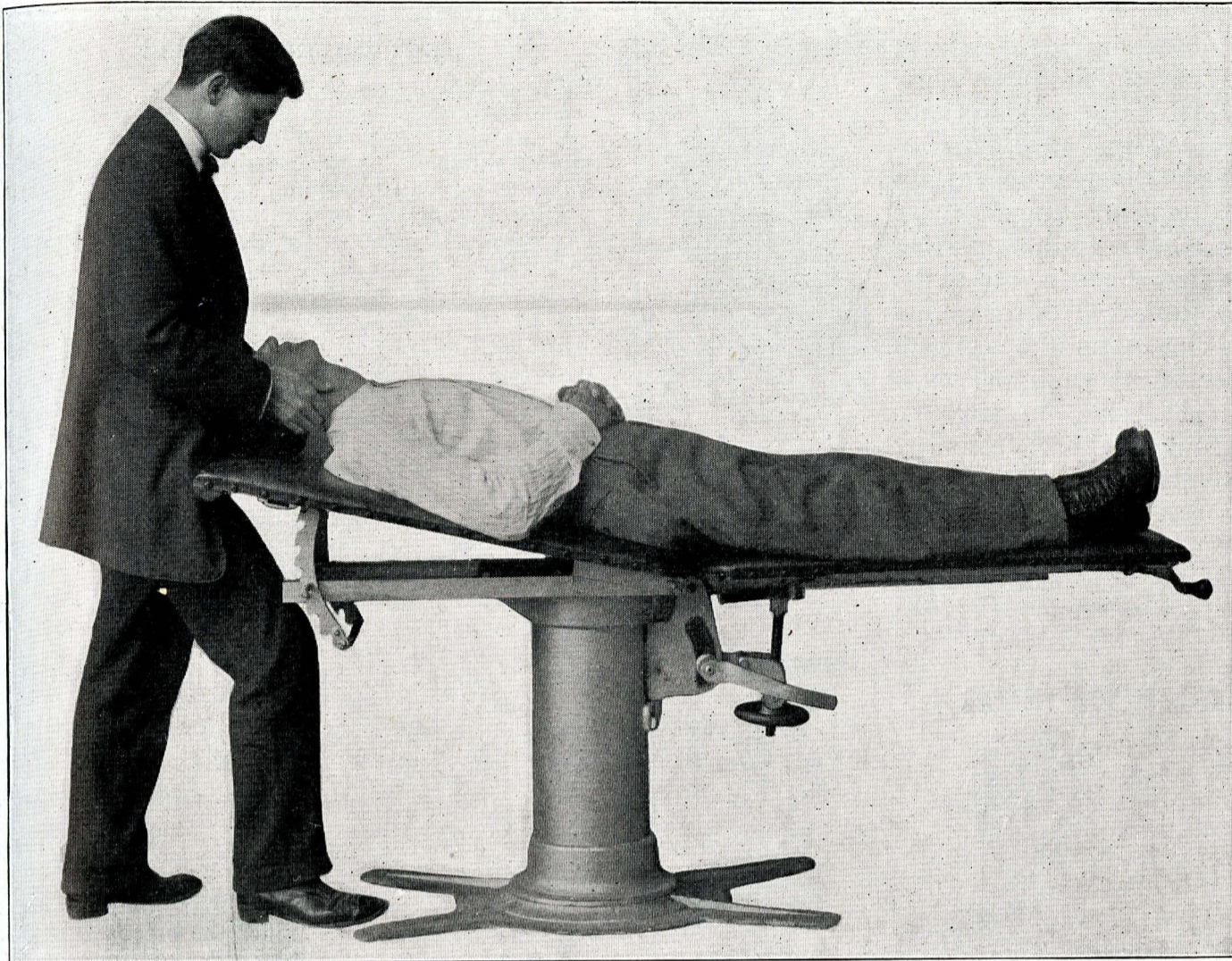
By this device he was able to combine the lateral swinging motion with an up and down movement which gave him complete circumduction. This, by repeated experiment, he found to be the ideal aid in the treatment of lower dorsal and lumbar conditions. With this joint and the strong central spring he found that he could with very little exertion and no distress to the patient, swing the patient's body in any direction and much more easily make the necessary spinal adjustments.

He had this new table examined by the profession of the A. S. O. and their encouragement caused the decision to place the table on the market for the entire profession.

### A Personal Message from President Hildreth Concerning the Chicago Convention

A. G. Hildreth, D. O., St. Louis, Mo.

**E**ACH year has added to the momentum, the power and the force of the American Osteopathic Association. Each year its influence upon the profession has grown in volume, until today it stands as a beacon light, ever pointing the way to higher and better things for the future. There are a great many in the profession who cannot realize what the A. O. A. has been and is, and must continue to be to the profession, because they have been so situated that they were unable to come in contact with the work being done by the association. This condition must change. Each osteopath on earth must come in closer touch with all that pertains to our best growth and greatest opportunities. And this year all are given that chance. As president of the A. O. A., I extend a hearty, cordial invitation to all osteopaths to be present at our Chicago meeting the last of July. Centrally located, as it is, with its wonderful railroad facilities, as well as waterways, Chicago offers the greatest and the best possible inducement for all to attend of any meeting yet held.



Neck Treatment. Operator's Back Straight and Not "Bent Over."

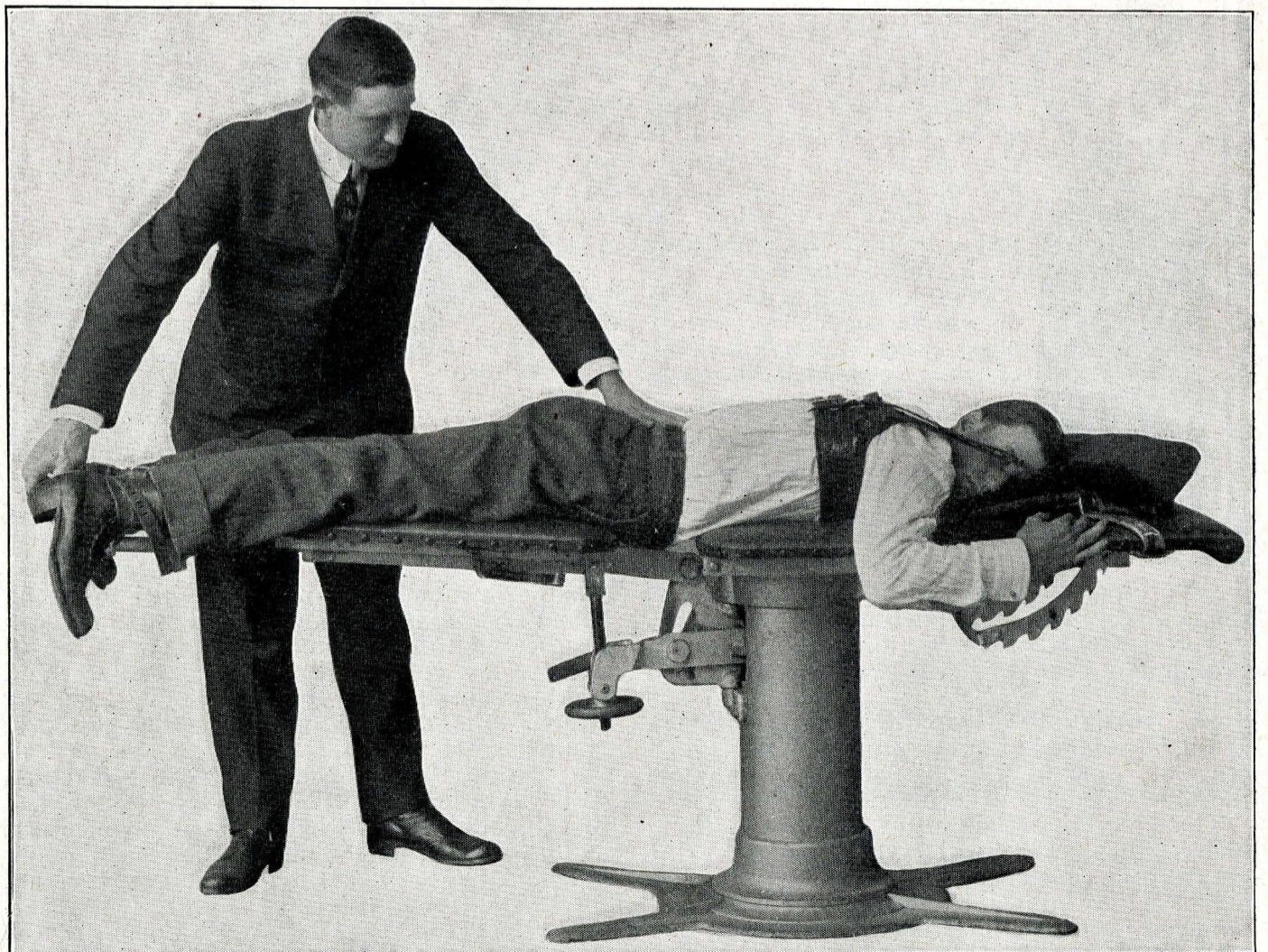
patients, almost without physical effort on his part.

"Lateral flexation, ventral flexion and dorsal flexion—all are alike easy when this table is used. The operator may use both hands to fix the point of movement in the spine, yet accomplish this movement simply by the pressure of his body. He can regulate the tension at will, and in a word, is wholly master of the situation, regardless of whether he be weak or strong. This feature alone, it seems to me, so clear to everyone who sees it, should make the table almost a necessity to the osteopathic practitioner.

"The special attachment for gynecological work makes the table doubly attractive and its advantages are so patent that they need no special mention."

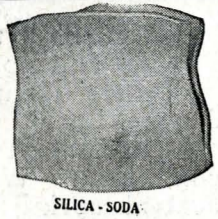
Dr. John V. McManis, inventor of the table, graduated from the American School of Osteopathy in June, 1906. He opened an office in Baird, Texas. It was not long before he appreciated the fact that osteopathic treatment, especially with heavy patients, was hard work even for a strong man. This realization was followed by a determination to devise some means of lightening the manual part of the work. He reasoned that energy saved in one place could be expended to greater benefit in another.

His first attempt along this line was a crude "block and tackle" contrivance by which he placed the patient under traction and then applied his corrective treatment. This proved quite successful and give him courage to go ahead. Then he worked out the idea of a table, part of which could be swung to and fro or raised or lowered and swung to and fro. He found this a great aid in treating stiff spines

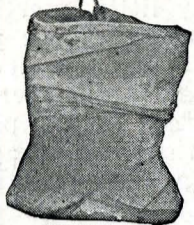


Patient Under Traction. Universal Joint Manipulations Can Be Applied With Patient so Extended. Manipulation Under Traction.

# As a Matter of Comparison



SILICA-SODA



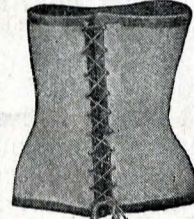
PLASTER PARIS



WOVEN WIRE



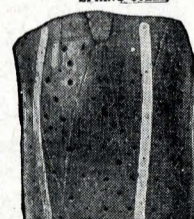
STARCH



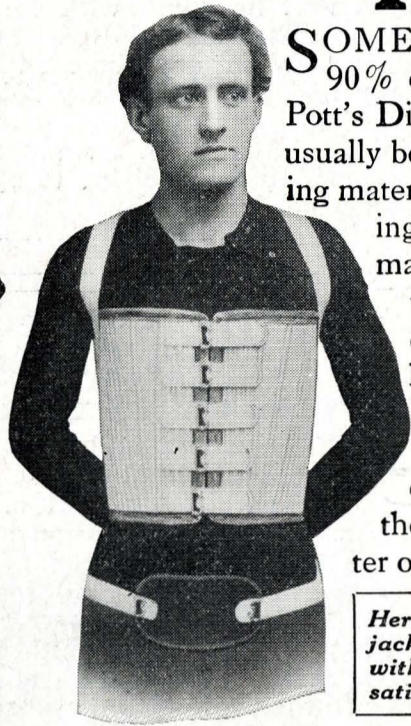
YUCCA-WOOD



SPRING STEEL



LEATHER, STEEL REINFORCED



SOME form of support is a necessity in 90% of the cases of Spinal Curvature, Pott's Disease, etc. These supports have usually been made of rigid, hard, unyielding material, which, while perhaps supplying the required support have many undesirable features, making the remedy almost as bad as the disease. Restricted respiration and heart action, hindrance to growth and development, muscular atrophy, scalded skin, etc., are some of the minor ills that accompany the wearing of jackets made of plaster of paris, sole leather, steel, etc.

Here are a few of many hundreds of old jackets and supports we have replaced with the Sheldon Appliance to the infinite satisfaction of physician and patient.

## Here's the Comparison

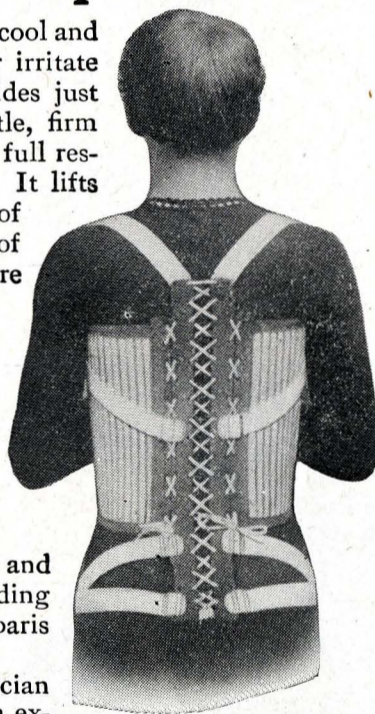
THIS Sheldon Appliance is humane, cool and comfortable. It does not chafe or irritate even in the hottest weather. It provides just the required support, exerting a gentle, firm pressure where needed, yet permitting full respiration and proper muscular action. It lifts the weight of the head and shoulders off of the spine and corrects any deflection of the vertebrae. It weighs ounces where other spinal supports weigh pounds.

Every Appliance is Made to Order to fit the individual requirements of each patient in accordance with measurements taken by the physician. It is as easy to take off and put on as a coat. It cannot be detected through the clothing. In over 15,000 cases, this Sheldon Appliance has produced results and given comfort to the patient far exceeding that derived from the usual plaster of paris or other unyielding jackets.

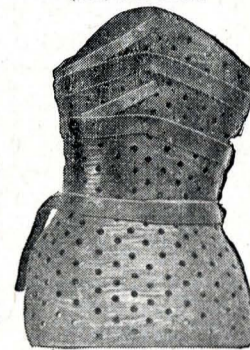
We will be glad to send to any physician our plan for mutual co-operation which explains in detail just how the Sheldon Appliance is adapted to all forms of Spinal Curvature, Irritation and Pott's Disease.

We have fitted grandparents of 80 and over, and babies of a year and less.

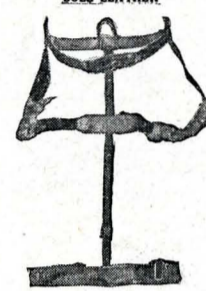
Philo Burt Mfg. Co. 141 5th St., Jamestown, N.Y.



STEEL, WITH CRUTCH



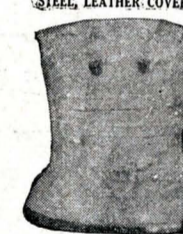
SOLE LEATHER



RIGID STEEL



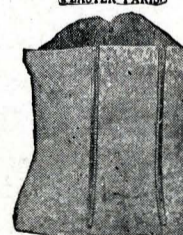
STEEL, LEATHER-COVERED



GLUE AND CLOTH



PLASTER PARIS



RAWHIDE

and share with us the pleasures of renewing old association and take away with you the inspiration that can come only through a knowledge and realization of the great world power your profession has become. This invitation means you, and we hope you will accept it.

### Last Chance to Get Special Price on Dr. Burns's Books

THE number of subscriptions to Dr. Burns's books received by April first was sufficient to justify going on with their publication and Volume II is in the printer's hands and Volume III will be soon.

Subscriptions are still coming in with the hope expressed "that it is not too late." We want to give every one that cares to take advantage of the liberal advanced subscription prices a chance to do so. Subscriptions received during April and May will be accepted at the rate announced on the circular sent out. Please remember that practically every cent received from now on will be used for further research.

For circulars and terms address—E. R. Booth, Chairman Council, A. T. S. R. I., Traction Bldg., Cincinnati, O.

### Dr. Sullivan Protests

WILL you kindly grant me a few lines for an expression, relative to a criticism in the *Bulletin and Journal of Health*, of a paper read by me before the Chicago Society at its April meeting, viz.: "Osteopathic Technique, the Hope of the D. O. for Individuality." The criticism among other things gives voice to the following:

"Dr. Sullivan referred several times to osteopathy as a drugless system. Osteopathy is not of necessity drugless; it is only so if we make it so."

I rise to protest and state that someone must have switched the eggs under the osteopathic hen which hatched the Editors of the *Journal*. I would sign a petition asking folks of such views to quit the osteopathic preserves; we don't relish them; they at least should go to Kirksville and imbibe some real osteopathic ozone, the sort which sticks.—Joseph H. Sullivan, D. O., Chicago.

### Attention State Examining Boards

IT is the conjoint wish and opinion of the executive officers and educational and legislative committees of the A. O. A. that the state examining boards form an organization at the time of the meeting of the National Association at Chicago, for the purpose of effecting closer relationship between the boards, to the end that an united effort may be put forth looking toward the establishment of some uniform standard of examinations to be required by all of the boards; to provide for an equitable basis of reciprocity between the various states and to take up such other matters as may suggest themselves or as may be entrusted to it or may be required or requested of it by the National Association.

I have been requested to act as a committee of one and take such steps as will bring about the formation of such an organization.

In pursuance therewith I hereby give notice that each board of examiners send at least one delegate to this convention, who is to represent it in the formation of a permanent organization of Examining Boards. The time and place of the meeting will be duly announced.

The wisdom and necessity of such a movement must be patent to every one and a full representation is, therefore, sincerely and urgently requested.

A report of the work thus far done in the matter of devising and providing means looking toward the unification of the character and scope of examination will be presented at this meeting.—O. J. Snyder, D. O., Philadelphia.

To those who have never been to Chicago, the trip is well worth while just to see the city. Furthermore, the convention itself offers a programme such as has never been produced before. To Dr. McConnell, a man who has done much for osteopathy, the profession again is indebted for his untiring efforts and ceaseless work in securing for this programme the ablest and best the profession affords.

The Executive Committee has left nothing undone that could be thought of to make the greatest possible success of this Chicago meeting. Already six state associations have announced meetings for Chicago, Monday, July 24th, with a number of local association meetings for the same day. These meetings will all be interesting and valuable. Everyone,

whether a member or not, is invited to attend this great convention. Accommodations can be secured to suit you, and you should begin now to lay your plans to spend one week in Chicago, beginning Monday, July 24th. It will be the supreme effort of the president and all officers of the association, as well as the desire of all committees to make all feel welcome; to make each one know and feel that they are a part of this great meeting, and that they, as individuals, are each doing his work in a way that helps to create the sum total of our profession's progress. This meeting belongs to you! Come! Come by the thousands, and help to make it the greatest ever, and help yourselves, individually, through contact with the methods of others. Come

## Normalizing the Abnormal One Function of the Osteopath.

J. A. Linnell, D. O. Chicago

FROM time to time we see articles by different osteopaths, and good ones, too, something on this order: "I set innominates or vertebrae and the patient goes away cured. Presently they come back with their bones out and their troubles returned." I think we have all had this experience. Again, who of us has never been paralyzed by patients being cured and staying cured *with their bones still out?* Did you never wonder how a hunchback could give our osteopathic traditions such a slap as to enjoy the best of health?

Why do not bones stay set when once set?

Finally it dawns upon us that something is wrong with us and our reasoning. We have been considering the bones of the human frame as so many bricks piled loosely together, and if one was accidentally shoved out of place all that was necessary was to shove it back again; when the fact is they are more like the scaffolding used in building in some foreign countries where rope instead of nails are used as the binding medium.

So the relation of our bones to one another depends much upon the condition of the ligaments binding them together and the intervertebral disks separating the vertebrae.

It is a well known fact that innominates have a tantalizing way of "slipping out." I fought, bled and died with this difficulty until I found out the necessity of toning the ligaments involved. Then my troubles were over with. So with all spinal conditions. I remember a case in clinics a few years ago. Dr. Hildreth called out attention to the fact that the subject, a hunchback, was not a very sick person; if I remember, he merely had weak eyes. Dr. Hildreth used the expression, "You see the abnormal has become normalized. In other words, this is a normal abnormality." That case has been a great help to me since, especially when patients get well with their bones still pointing to all points of the compass. For I now know that the connective tissue has adjusted itself

so as to relax pressure on nerves and blood-vessels.

A few years ago two well known osteopaths examined one hundred spines of healthy individuals, or at least started out to. Not a spine was found that was free from "lesions."

What did it mean? The abnormal had become normalized. This is a principle which should be more recognized. Even a shoulder or hip when dislocated endeavors to make for itself a new socket, the surrounding tissue endeavoring to make the most of a necessity.

*Bone setting consists in readjusting and normalizing the adjacent connective tissue.* In a recent injury throw the bone in and it stays. Why? Because the surrounding tissues still have elasticity and life enough to respond. But in old cases they lose much of this. Intervertebral disks have become thicker or thinner, ligaments have shortened, etc., holding the bones in wrong position instead of pulling them to their proper position.

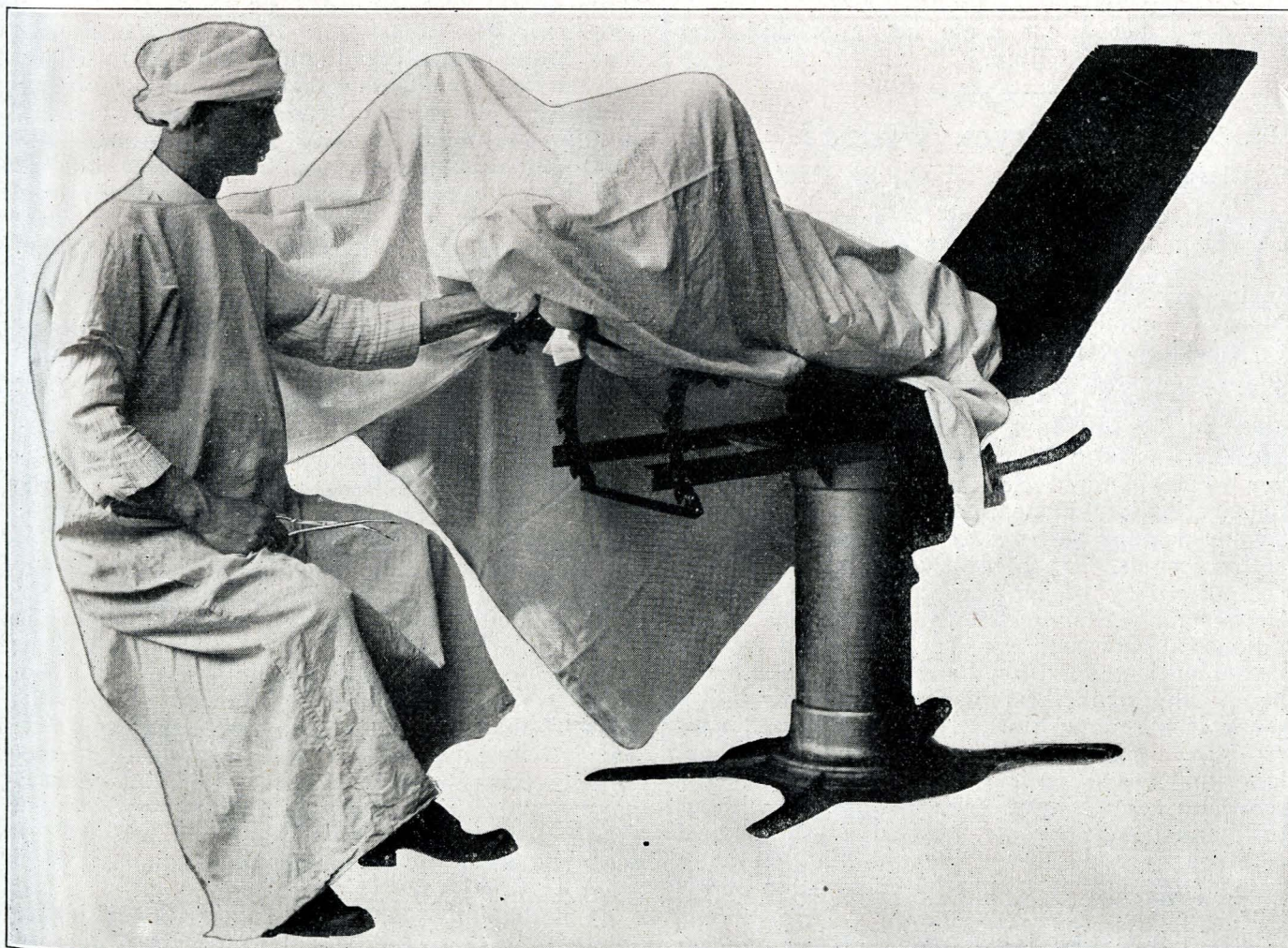
It seems impossible to absorb or change absolutely intervertebral disks and throw bones back into absolute line, but those who will be honest will admit it is not necessary, because the aforesaid fibres will, under our effort at bone setting, stretch or shorten to accommodate the blood vessels and arteries. If we tone them up a positive cure results. It is part of nature's good principle of accommodation, as even a bone will absorb away to free up an artery under certain conditions.

For years I was an invalid; although I am well today I have a worse looking spinal column than some dead men. But I am well. The abnormal condition has been normalized.

Some base their claim to being "bone-setters" entirely on the clicks they get, and excuse the constant return of the patient to the fact that "the bone has slipped out again."

In a recent article of Dr. McConnell's on his research work, he emphasizes the fact that in his experiments he found no foramina occluded by direct pressure of bone enough to produce the diseased conditions found. Again one of our favorite arguments vanished into thin air. Again it was the connective tissue.

Study along this line has been of much practical value to me and it has enabled me to get better, quicker and lasting cures.



Illustrating Gynecological Feature With Patient in Dorsal Recumbent Posture.

## Glyco Thymoline



**CATARRHAL  
CONDITIONS**

**NASAL, THROAT  
INTESTINAL  
STOMACH, RECTAL  
AND UTERO-VAGINAL**

**KRESS & OWEN COMPANY,  
210 Fulton St., New York**

## The Pacific College of Osteopathy

(INCORPORATED)

**LOS ANGELES, CALIFORNIA**

Member of Associated Colleges of Osteopathy.  
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### THREE YEARS' COURSE of STUDY

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The Boss—In what way?

Order Clerk—Druggist wants four barrels of arnica and laudanum.

The Boss—Oh, that's all right. He's located in a college town.

## Doc Pessimist Announces Himself a Candidate for President on a "Nix Pill-Osteopathy" Platform

THE June baby has two more teeth and the garden is growing fine—had reditches and onions last week.

Ole Miss Jackson was took mighty bad Tuesday night with what Doc Pillsen always called gall-stones and always had to use the hypo-dermic on. All I know was that she had a turrible pain and you bet I worried for two hours but she was asleep by midnight and next day when I was going to the post office I see her hanging out some clothes on a line.

Now I haven't any bump and I never have did anything great, although I was in Class A as a book agent and also likewise done well at life insurance, so just now I am tasting the sweets of greatness. Even greater men than I love to see their names in print, so what must be my joy since I broke into litera-choor and have had pieces printed into "The O-P"? It seems to bring me great renown and I have had many letters approving my stand for the "Old Doctor's" genowine style of treatment. Many go so far as to say that any deviation from that is not the real goods and it really does look as though the man who invented ought to know and come pretty nigh being the whole works. These here letters show that the profession is on the right track as a body and only a few have chased out after strange gods they wot not of.

The letter which pleased me most was one which said, "Doc, you are alright and I'm going to nominate you for President at Chicago to run on a nix-pill platform." I sort of set up and took notice at that and next time I saw my woman D. O. friend just casually mentioned it to her. She didn't say so very much about the president part, but she warmed up right smart on the nix-pill idea. "Why," she says, "when an osteopathic college openly teaches it, grants the M. D. degree and defends it in public prints I think it's about time something is done."

I don't just know if she will vote for me or not but she has got her spurs on for them medico-osteopaths alright, alright. Something has sure got to be did right off or first thing you know we can't tell one from tother except the Scriptures says that "By their works ye shall know them." She says the real osteopaths are all busy and that it's the near-osteopaths who splash around and want to try some new stunt all the time.

It looks this way on the proposition: We are the newest and most popular style of healing today and are in demand everywhere so now, if a feller can't make a go of it under such conditions, what will happen to him in an overcrowded and rapidly declining bunch of dope-givers? Say, I see in a medical journal not long ago where it estimated that 30,000,000 people in the U. S. A. were using drugless therapeutics. Gee, but I don't want to be in on a declining market!

Few days after I had this talk with her one of my old college friends who is in practice in Michigan dropped in as he is out here picking up some fruit lands. Of course the talk was all about our profession and he was mighty hot about the goings on of a bunch of medico-osteopaths out near his place.

Says I, "Now tell me just what does one of the near-osteopaths do to a patient? I am very curious to know."

Says he, "Well, Doc, I know this to be true for I have saw 'em with my own eyes. First, they rub 'em some; then vibrate 'em some; then give 'em a bath; then turn on lovely colored lights; and then send 'em away with 2 bottles of cute little pink and white pills." "Now,"

says he, some het up, "what school of medicine would you call that?"

"Give it up," says I.

"Me, too," says he, "but I know a feller who does all that and he could name it and b'gee it would be a classy one, too, with not less'n 9 words and no word with less'n 9 syllables, and it would read just as well backwards as forwards and nobody on earth would know what it meant but himself."

"Well," says I, "does them patients get cured after all that monkey business?"

"Shucks," says he, "that part don't make no difference so long as we enjoy the inalienable right of a American Citizen to use the hull 57 varieties of curing at all time and every time."

So, after he had went, I made up my mind to make a formal announcement in The O-P that I should admire to be President and therein state my principles.

### MY PLATFORM

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*Which means cut out all frills and cute little curlicues*

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All who will not and those who cannot subscribe to this doctrine of Purity to be cast into outer darkness and there beheaded on the block of truth with the axe of honesty.

Say, that sounds a heap like Old Doctor talk, don't it, and I know he will endorse it and mebbly vote for me.

It is said that the office should seek the man, which is true, but when a feller knows Old Diogenes is out with his lamp on a still hunt for an honest man for the job, doggone it, he just naturally ought to get out where he can be seen. It looks that away to me anyhow and I am a doing of it.

Send all pledges of support for the election of President to—A. Pessimist, D. O.

P. S.—I bet I cut some figger around that la Sally hotel next July.

### Is Dr. Bryce Wrong?

Dr. Clarence W. Young, D. O., St. Paul, Minn.

AT last it has happened! A leading physician of the dominant school has made an honest investigation of osteopathy and his conclusions have been published in a medical journal of good standing. I refer to the article of Dr. Alexander Bryce, M. D., on "Mechano-Therapy in Disease," published in the *British Medical Journal* of September 3rd, 1910, and republished in full in the December number of THE OSTEOPATHIC PHYSICIAN. Dr. Bryce came over to the United States and made a careful investigation of osteopathy and then went home and cured many patients by the removal of osteopathic lesions. He evidently comprehended the great discovery of Dr. A. T. Still, the greatest discoverer of the nineteenth century, by which millions of sufferers can be made well by the manual adjustment of a bony sub-luxation. No longer can the medical men say that our lesion theory is all moonshine. Dr. Bryce found sub-luxations. He fixed them and then let them alone, and the patients got well. He states the recoveries would have been impossible without the manual adjustments, and that no medical literature ever described the sub-luxation as a cause of disease, as taught by osteopathic physicians.

Certain it is that the *British Medical Journal* should be given great credit for publishing case

reports of cures by osteopathic treatment. We hope the time will come when the osteopathic profession can become equally magnanimous, liberal and open-minded. No matter what theories you may have, the case is the court of last resort, and I hope the time will come when this court will cease to be tampered with. I have been given reason to believe that many of my fellow practitioners believe I am personally "sore" because some of my cases have been rejected, but I hope the time will come when these, my brethern and sisteren, will see they are mistaken. It may be that I have not always fought for what I deemed honest case reporting in the proper kindly spirit. I humbly apologize for any unkindness shown. I am sure I love every mother's son and daughter of you, and that I would do my best to help any of you in any way, should occasion give the opportunity.

As a result of his investigations Dr. Bryce declares that "manipulation is practiced to the exclusion of every other method, and the system is acclaimed as one which permits you to eat and drink what you fancy and to live as you please, so long as you do not ignore the more important laws of health.\* \* \* At the best it is purely a system of one idea." For ten years the writer has been battling to prevent the profession from taking such a stand as would make it possible for an outsider, making an honest investigation of osteopathy, to draw such a conclusion. We know the conclusion is erroneous, but I am sorry to say that there is still much in your literature and practice that would lead an honest outsider to such a conclusion.

How can you blame Dr. Bryce when the American Osteopathic Association has twice voted to reject all case reports of any and all cures by osteopathic physicians, where the cure was accomplished by any method to the exclusion of manipulation?

How can you blame him when he could turn to the heavily leaded unrepealed platform published in the October, 1902, *Journal of Osteopathy* and read "We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other method in our system.\* \* \* The cause of disease is considered from one standpoint." This conception of osteopathy is quoted with approval by Dr. Beitel in the October, 1910, number of THE OSTEOPATHIC PHYSICIAN after Dr. Bryce's criticisms had been penned and published. Dr. Beitel asserts that Dr. A. T. Still is the author of this platform. He is not accredited as the author in *The Journal*. I have heard him say that "osteopathy is as broad as the universe." I do not think he ever asserted that osteopathy was as narrow as ten fingers. I have for years believed that the "Old Doctor" was wiser than many of his followers would have us believe.

I am glad that the *Journal of Osteopathy* has so far advanced at last, that it winces under such criticisms as those of Dr. Bryce. The November, 1910, number, with apparent editorial approval, contains an article by Dr. F. P. Pratt, Professor of Anatomy at the American School of Osteopathy, wherein he complains that Dr. Bryce "misses the real meat of the matter," and asserts that "if he had spent time and energy necessary to a thorough study of his subject he would have found its foundation broader, and its application more far-reaching." This is, truly, rather an extraordinary situation. An outside medical man shows a thorough comprehension of the osteopathic lesson, but because forsooth he declares that osteopathy consists of manipulation alone, the Kirksville *Journal* is moved to assert that this medical man "misses the real meat of the matter." I heartily congratulate *The Journal* on its enlightened stand. It, at last, asserts that osteopathy is not a system with one idea with more emphasis than even I would care to use.

It is true that Dr. Bryce's drastic criticisms of osteopathy could be confirmed by a few of our present day practitioners, but the criticisms

cannot be justly applied to the great mass of our splendid profession. We have an opportunity at the Chicago convention to officially declare our position. So that we may always have at hand an official refutation of any such attacks on our profession as I believe Dr. Bryce made in the utmost good faith. Let us declare where we stand.

### Are We Supporting as We Should the National League for Medical Freedom

Charles A. Wolfe, Chillicothe, Mo.

THE field representative of the National League for Medical Freedom informed me recently that osteopaths were not giving the support which they should. He assured me that in the state of Missouri a bill had been defeated by the League alone, which, while not referring to osteopaths might become retroactive and our practice become illegal. I have read the bill that was defeated and I can see how it might be made to affect osteopaths, especially those not now in practice. The profession should be aroused to action in this matter. Every osteopath should join the League and give it moral and financial support. This would not in any way affect our obligation to our state and national associations, but would give us an additional fighting force. This is a subject of vital importance it seems to me, and should not be treated carelessly. The A. M. A. is a powerful organization, and we need all the help we can get if we hope to cope with it successfully. Therefore I suggest that we get in line with those outside the A. M. A. and fight for our common rights.

### Chicago Convention Transportation Notice

OSTEOPATHS planning to attend the Chicago convention should bear in mind the important fact that the low rate for the convention week is on the *certificate plan*, and all who attend from a point where the railroad fare costs over one dollar must call for a certificate of fare paid to Chicago, *mentioning the A. O. A. convention*. This entitles them to half fare back home, provided we can show one thousand such certificates. Do not fail to secure your certificate so that we may be sure to secure the rate. This special rate will only be in effect about convention time.—*Joseph H. Sullivan, D. O., Chairman Transportation Committee.*

### Atlas Club A. O. A. Convention Smoker

THE Atlas Club will give a smoker during the convention. We know all the Osteopaths are coming to the convention. Why? Because it will be the best ever held. Dr. H. S. Bunting will be master of ceremony. And the Doctor has promised us a good time. Brother Atlas members, remember your obligation and be with us. Make arrangements now to be in Chicago July 24th to 28th. I am, yours fraternally.—*Fred W. Gage, D. O., Chairman Atlas Smoker.*

Doctor—Well, Mrs. Jones, did you test your husband's temperature, as I told you?  
Mrs. Jones—Yes, doctor, I put the barometer on his chest, and it went round to "very dry," so I gave him a pint of beer, and he went to work this morning.

Physician—You must take exercise. The motor car, in a case like yours, gives the best exercise that—  
Patient—But, doctor, I can't afford to have a motor car.  
Doctor—Don't buy; just dodge them.

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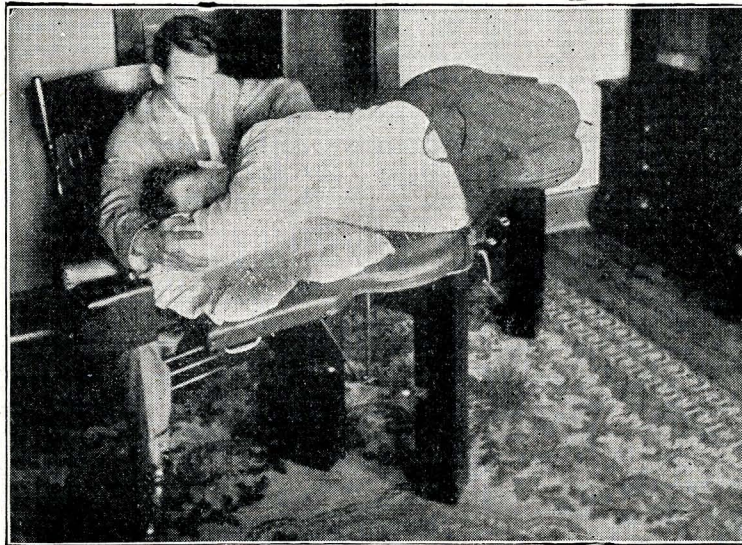
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*Editorial**Fairness, Freedom, Fearlessness.**"New to the line. let chips fall where they will"*

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**MORE MEDICAL MISREPRESENTATION**

An address entitled Scientific Medicine versus Quackery, delivered by William J. Robinson, M. D., before the Brooklyn Philosophical Association, December 18th, has been reprinted in a medical magazine and in a New York City newspaper, and is causing considerable comment. Dr. Robinson takes occasion to denounce osteopathy as a "quack" system. In justification, he says osteopaths are quacks because "they claim but one cause of disease—dislocation of the vertebrae and infringement on nerves and tissues." From this erroneous premise he goes on to argue that osteopathy is a quack system.

In common with other medical men Dr. Robinson shows complete lack of appreciation of the osteopathic concept and profound ignorance as to what osteopaths have accomplished in the treatment of disease. To him it seems impossible that subluxations and impingements can be a cause of certain diseases, therefore osteopathy must be a "fake" regardless of the fact that he has never studied it and shows by his words that he totally misunderstands it.

Dr. Robinson brands as ignorant all state legislators who have voted for osteopathic laws; he ridicules mental healers; he condemns the layman who claims the right to use his own judgment as to what system of therapeutics he will favor in case of sickness; he is horrified at what some of the quacks he mentions will do "simply to get money." In brief, the allopathic profession is by implication put on a pedestal. It contains the honest men, the enlightened men; on their wisdom we may rely; they are noble, altruistic, self-sacrificing; they have the accumulated knowledge of the ages, and will not lead us astray. In short, the thing to do is to establish a National Bureau of Health and let the allopaths have complete charge of the physical welfare of the nation.

Dr. Robinson deprecates the mercenary spirit of the so-called quacks, but why ignore the fact that the "altruistic" allopaths are known to have organized in some sections to "boost" prices, and that they are doing their level best to secure monopoly of the healing business? This talk of Dr. Robinson's is clearly simply a big allopathic practice promotion stunt. It has been issued

in pamphlet form for distribution to the laity and is being extensively used throughout the country. Happily the American people are fast becoming independent in health matters and the old drug fetish does not hold them in bondage to the extent it formerly did. Feeling prestige and business slipping away from them, the allopaths are constantly breaking out in some weird attempt to stampede the public back to the fold! Those who attack their system are muck-rakers and enemies of society; those who disagree with them are ignorant or feeble-minded, and all this in face of the fact that the allopathic system itself is a combination of fake, superstition and experimentation and that methods denounced by its adherents are, on their merits, winning new friends every day.

It looks very much as if given enough rope, the allopaths will do a very complete job for themselves.

**A WORTHY CAUSE.**

The National League for Medical Freedom is an aggressive organization opposed to medical monopoly in any form and supported by a host of worthy people. It has already rendered service to the osteopathic profession by opposing measures designed to give the allopaths greater power and control over medical affairs. It is not opposed to any rational plan for general health conservation, but demands that reasonable liberty of the individual be maintained and that there shall be no exclusive control of government regulations by any particular cult. Every osteopath should join the league and give it moral and financial support. It is the only organization equipped to combat in a general way the activities of the political M. D.'s, who, through their control of the A. M. A., are able to bring great pressure to bear on our state and national lawmakers.

**OUR OPPORTUNITY.**

The holding of a national convention in Chicago presents a great opportunity for the osteopathic profession. Will it be made the most of, or will it be treated indifferently? That depends upon the thousands of individual atoms that compose the professional body as a whole. If we have a gathering several thousand strong an impression of incalculable value will be made for osteopathy. Chicago is the second city of the United States. Events of importance that transpire there are heralded throughout the country and commented on in thousands of newspapers and magazines. A splendid program has been prepared. A program that in dignity and scientific value compares favorably with the program of any scientific or professional gathering of recent years. The men and women who will address the meeting can be relied upon to handle their subjects in interesting and instructive style. If we have sufficiently large audiences to hear them, we can demonstrate to the newspaper men the importance of this great meeting and we can focus the attention of the country on osteopathy to a degree never before possible. *We must do it, fellow and sister osteopaths!* As a profession, we cannot afford to neglect this opportunity. Make this the one thing of supreme importance from now on to July. Prepare for it—plan for it—campaign for it. *Save* for it, if necessary, and remember you cannot make a better investment of time and money than to take in this convention. You will learn more than you could in some months of P. G. work. You will get enthusiasm and inspiration that is worth more than any price you could pay. Without doubt, this can be made the greatest event in osteopathic history. It will give a dignity, prominence, and recognition to the osteopathic profession before the country that can never be completely lost or offset. Do not let any excuse prevail against your being present. We want full representation from every section—South—East—North—West—Pacific Coast—Canada. If you have never before attended a national convention, make the supreme effort of your life to get to this one. Don't plead

poverty or lack of time, or personal plans, against your coming. The profession needs you at this meeting. Sacrifice, if need be, but *get there*, and be assured you will be more than fully rewarded, by sense of duty done, by information gained, and by the rich experience, the remembrance of which will linger through the years to come, of participating in a meeting which will make history and exert a lasting influence throughout the entire country.

**DO YOUR PART.**

Once more we want to urge every member of the profession to act as a special committee of one in connection with the new directory shortly to be issued by the A. O. A. If each one will see to it that his or her correct name and address is in the hands of the directory editor and then go after others that can be reached to see that they do likewise, we will surely get a very complete directory. This is really a very important matter, and professional pride as well as self-interest should dictate active co-operation and assistance from every person claiming to be a recognized osteopathic physician. The publishers want to list every single name entitled to be included in this official directory, but time and expense will not permit of an extended individual canvass. It is up to you to furnish the information wanted. It's a very simple thing to send in your name and address. Don't fail to do it on the supposition that your address is known to the publishers, they may not have it, and no names will be included that have not been recently verified. Get busy, and act at once if your name has not already been sent in.

**Association and Society Convention and Meeting Dates**

IN this column will be listed the advance dates of meetings of our various associations, societies, and state boards. If you are an officer of any osteopathic organization, please send in the advance dates of your regular or special meetings. With the proper co-operation this department will prove a valuable reference, and will enable osteopaths who are visiting or traveling to arrange to be present at meetings they would otherwise miss.

**Emporia, Kansas, May 19th and 20th,** annual meeting Kansas Osteopathic Association.

**Worcester, Mass., May 19th-20th,** annual convention of the New England Osteopathic Association.

**Des Moines, Iowa, May 24-25th,** annual convention of the Iowa Osteopathic Association.

**Los Angeles, Calif., June 1st, 2nd and 3rd,** annual meeting of the California Osteopathic Association.

**Philadelphia, Pa., June 9th-10th,** Pennsylvania Osteopathic Association State convention.

**Columbia, South Carolina, June 11th,** regular annual meeting of South Carolina Osteopathic Association.

**Denver, Colorado, July 21st and 22d,** semi-annual Convention, Colorado State Osteopathic Association.

**Chicago, July 25 to 28th,** National Convention American Osteopathic Association; Hotel La Salle headquarters.

**Clarinda, Iowa, October 13th,** regular meeting of District 8, Iowa Osteopathic Association.

Puck: Doctor—"You are considerably under weight, sir. What have you been doing?"  
Patent—"Nothing. But I'm a retired grocer, Doc."

A little girl had been naughty and as a punishment was locked in a clothes closet. There were sounds of high grief for some time and then all became ominously quiet. Wondering at the stillness, her mother opened the door and said, "What are you doing?" There was no reply for a minute, and then from the darkest corner a small, resentful, lisping voice piped: "I thpit on your thilk dreth, I thpit on your white thkirt, I thpit on your thttocking and I thpit in your thoes," then a pause. Well, what are you doing now?" "I'm waiting for thome more thpit."

**By-the-way, remember! A. O. A. National Convention, Chicago, July 25th-28th, 1911. Headquarters, La Salle Hotel.**

## Osteopathy and Drugs

Carl P. McConnell, D. O., Chicago

I THINK THE OSTEOPATHIC PHYSICIAN is to be congratulated for adding that classic writer, A. Pessimist, D. O., to their staff. I am sure the profession appreciates it for we are constantly in need of genuine assertiveness. A moment's thought will tell any one that it is the osteopathic "bigots" headed by Dr. Still that have made osteopathy what it is today, and not conglomerate negativeness.

A. Pessimist whacks the nail on the head every time, and especially when he says we use to just eat, breathe and dream osteopathy. Those were the "good old days." We knew osteopathy was the thing and we just got there. The same is being done today by real osteopaths. So no wonder a real live wire gets wrathful when he hears a "medico-near-osteopath" spout.

Personally I absolutely detest this perennial clap-trap-adjunct talk, and I am positive there are thousands of others of the same opinion. I am not so presumptuous as to think I am going to put a quietus upon this everlasting clatter by writing this fragmentary article, but I am entering a protest and a sincere one. If just one-half of this energy was directed into something positive, constructive or useful what a change would be forthcoming.

Neither am I so presumptuous as to attempt a chartering of the osteopathic field—time only can do that. But there is one thing I am very positive of and that is, take away or mitigate our individuality (its corollary being adjustment) and all of our good work will go to the "four winds of heaven." And the four winds (we will leave out heaven) mean allopathic absorption.

First, let us look at the osteopathic situation. There are two legitimate viewpoints: First, osteopathy from strictly a characteristic point, that is, osteopathy is synonymous with adjustment—in other words "ten-finger osteopathy"; second, osteopathy from the school-of-healing-art-point, that is, adjustment plus hygiene, diet, sanitation, etc. These two viewpoints are compatible, always have been, and within all probability always will be. Even every simon-pure osteopath has always believed in and practiced hygienic principles, dieting, etc.

Now, where is the "sticking point"? First, let us go back to a little history. A few years ago there was a great ado over the vibrator. "Vibrators and osteopathy" seemed to be the slogan of a few. Printer's ink was scattered over innumerable pages, telling us of the virtues of vibrators. Why, vibrators, one would almost believe, would adjust the vertebrae, raise the fallen, and pull the mortgage off the old homestead.

Vibrators proved harmless enough (fortunately to the patient), as well as almost useless, with one exception: they used up a lot of valuable time. Poor old riveting machine! It served as a scape-goat to some osteopaths.

Then to ease the buncombe of the "three-ring" vibrator came the slogan of "adjuncts and osteopathy." The drama with Act II appears upon the stage. Exit the vibrator. Mud-baths, hydrotherapy, vegetarianism and fasting holds the boards. Old osteopathy remains in the background and calmly saws wood.

But with all this partly bunko and much buncombe the part that really hurt was to think that apparently level-headed humans would even at best place these methods on a par with osteopathic technique. It showed clearly there was a misunderstanding of osteopathic fundamentals. And when I thus refer to vegetarianism, hydrotherapy and the like it is not my purpose to disparage them. They are of use in certain cases. But why make a hullabaloo over a com-

paratively little thing? If a chunk of turnip is better than a judicious mixture of beef and turnips just use them, but don't proclaim from the house-tops, "turnips and osteopathy." I cannot see where osteopathy has any quarrel with common sense dieting and hydrotherapy.

And now Act III is on the tapis. (Let us offer a prayer that it may be three strikes and out.) I am a little surprised the players of Act III do not call it "drugs and osteopathy," for you know it might sound a little more dignified than the reverse.

But to return to that sticking point—factional osteopathy? Where is the rub? Well! the "Simon-pures" think there is too much "rub"



**New Portraits of Prominent Osteopaths.**

Dr. Hearl L. Owen, of Albany, N. Y. is one of the successful practitioners of the Empire state. He is active in promoting the general welfare of the profession and is president of the Hudson River North Osteopathic Society. His alma mater is the A. S. O., he having graduated with the class of January, 1906.

on the part of the others, too much diddling of the toes and fingers and patting of the stomach and much time consumed in worse-than-nothing stunts. In other words, very little real osteopathy (owing to lack of adjustment technique) and, instead, utilizing third-class trimmings. Whereas, on the other hand (now I may be prejudiced) the "Liberals" think the "ten fingers" are a pack of ignoramuses that give a shove here, a punch there, and then yell "next."

Well! This may be all right for "practical politics," but let us see if the situation does not rest upon a different basis.

Perhaps a number of the osteopaths have heard of Dr. A. T. Still, and at least a few are aware that he is still alive. And before I forget it, let me whisper (on good authority) he is still studying osteopathy. Those who have had the great honor of coming more or less in close contact with the Old Doctor are well aware they have had a glimpse of a real genius—a privilege that few upon this earth rarely have. It is superfluous for me to say that his originality, intelligence, character and breadth of view are literally stupendous. We are living too near him to get anything like a true perspective. And

for a single living osteopath to be classed his equal is absurd. You and I must evolve not a little to even approach his class.

Now, what is the significance of all this? All the claptrap-adjuncts and drugs were considered by Dr. Still twenty-five years ago; to my personal knowledge was talked of a decade and a half ago. Dr. Still practiced drug therapy at one time. Also, at another time he practiced drugs and osteopathy. A little later it was osteopathy and drugs. And finally osteopathy. Two decades ago he said, "When I prescribe drugs I know I am just that much a fool. A little later I will know better for I will know a better way."

Have we, as embryo osteopaths, got to pass through a certain developmental stage? The more embryo we are the less osteopathy we practice! True it is, osteopathy demands deep sympathy and fine perceptibilities, for the root of the matter is positive assertions, not negative qualifications. Ah! here, I believe, is that sticking point. A true and continuous success means being in harmony with the forces of the universe, and this just strikes the key note to osteopathic success.

I heard a "near-osteopath" say the other day he was going to give up the practice of osteopathy for he did not find enough in it to fit his thinking apparatus. What can you expect of such "fits" as this? "Hopeless," did I hear you say? I fully agree with you.

The great argument from the drug point of view, the so-called ten strike, seems to be "office specialty" versus the "poor country" practitioner. The handicapped country practitioner, egads; I know several country practitioners (two or three of them in particular in this section and who are not breaking any laws, either) who can give you and I pointers on diagnosis and practice. They have the M. D's. literally on the run, and they are never guilty of even looking into a drug store (and several of the M. D's. have very little occasion to do so). These osteopaths are getting results and results beyond any other method, and it is osteopathy they are practicing. I know what I am talking about when I say this. I, for one, am more than proud to be a colleague of theirs.

I have no special scrap with the M. D. But collectively I have and so have you, if there is any manhood in you. All of us make mistakes. All of us get dissatisfied patients from others. But what of it? It was always thus and so it will be always. The point is, we represent definite principles that so far as we see are comprehensive and universal. But mere representation may be a boomerang if the execution is not forthcoming. I fear some of the sour ones have been boomeranged too often, owing to their own inertia, and are casting about for an easier berth. Well, they will not find it in the realm of the healing art. You know all about that "birthright for a mess of pottage." Birth rights are precious things and are soon deformed beyond recognition if fooled with. Plausible talk and pulpy principles reap the whirlwind.

With all this talk about osteopathy and drugs I see I have said very little in particular about Act III. I don't know anything about drugs and I don't know anybody that does. The best of doctors leave them alone, and I have enough pride and ambition not to want to be classed with the denizens of the cellar. By the way, have you seen the 1911 pamphlet on "new and non-official remedies" issued by the A. M. A. Journal? Something like five hundred new remedies (and this only a selection) the past year! Comment unnecessary.

Possibly reference to the drug encumbrance may be best stated by an antithesis. The osteopath is the most free practitioner of any and is not subject to a definite therapeutic principle; the osteopath is the most dependant practitioner, and is subject to a very definite principle. In other words, the osteopath follows very definite but comprehensive principles and therefore

drug experiments and such irrelevant practices are incompatible. The greatest medical progress of today is far from being a drug one—much of which is compatible with osteopathy. Osteopathy can take no exception with genuine scientific advancement. What we need is a living, vital assertiveness, not any accumulation of barnacles. When the best scientific minds of the medical profession unhesitatingly proclaim the unreliableness of drugs (which constitutes, at best, a very small part of the present M. D.'s armamentarium) why should an osteopath with a force infinitely more efficacious want to mix the two? Besides, practically they are incompatible. In addition, mixing nullifies the inspiration and enthusiasm of adjustment, which alone defeats one's purpose. Experience teaches that it is only the tyro who is ever enthusiastic over either drugs or mixing.

I almost forgot one other "point." Some editor, I believe, said he once sent a patient to an M. D. (may he live long enough to send another). Guilty here, too. But I can go the editor one better. An M. D. has sent me two patients. What do you think of that? Pretty good joke on the M. D.? Well, I thought he was a pretty decent sort of chap. By the way, did you ever see a real surgeon practice medicine. I think not. But you have seen a lot of drug practitioners that wanted to practice surgery (not altogether for financial reasons). And not a few would like to be able to deliver real osteopathic goods. Why? Results.

The crux of the entire matter, in my opinion, rests upon a misinterpretation of practical osteopathy (the art-technique), not theoretical osteopathy. I do not believe perverted ambition is at the bottom of the "noise." If a college teaches good theory but poor technique the result is evident. When "movements," "routinism" and "medical gymnastics" are taught in lieu of osteopathic adjustment, the result is dissatisfied practitioners. Osteopathic technique is a most dif-

ficult art to acquire and I am positive a student can not *begin* to acquire the art short of several hours daily practice over a period of a year. This is a minimum time, and then his instructor will have to be an exceptionally clever individual or else the student will do nothing but "paw," "pound" and routinely "manipulate" the patient. Now this is what I have called "white livered" stimulation, and, I would further comment, it is mighty poor white liver at that. Correct stimulation and inhibition has its place the same as hydrotherapy, but not for a moment is it to be dignified to a par with adjustment. Why I know of an individual, a graduated osteopath (?), that gives every patient each day a pail of water, a laxative pill and a few gymnastic stunts and calls such bunco osteopathy. I am not questioning his legal right, but I do object strenuously to his ravishing the good name of osteopathy.

Far be it from me to judge a fellow man, but there are some things so damnably outrageous that they come under the category of common indecency, and the above is one. Sincere beliefs and mistakes are on another plane.

But the great point is, we do not realize how well off we are (the M. D.'s are getting a decided inkling); we do not even know our possibilities. Osteopathic technique plus hygiene, diet, hydrotherapy, sanitation, rest cure, environmental considerations, and the like constitute a tremendous work. No one questions anesthesia, antidotes, asepsis, parasiticides and opiates in rare instances. But why make a bug-a-boo of rare cases? If a few states have built up legislative Chinese walls it is simply up to them to rectify the same. We are young, very young. Let us attend to our knitting a while and not attempt to regulate all of the planets as well as the sun.

Why not put our shoulders to the wheel and do something? There are so many problems to solve bearing upon etiology, pathology and treat-

ment that it behooves us to get busy. What osteopathy needs beyond everything else is a little rest from the numerous attempts to define its limitations. No one, no matter of what school, can become proficient in curing everything from corns to carcinoma. Show me a practitioner who attempts everything in the categories of general practice, surgery and the specialties!

Osteopathy was discovered and practiced a long while before any of us ever heard of it. We do not seem to hesitate to use its good name and reputation to gain a patient. We want neither osteopathic adjustment bigots nor weak-kneed liberals, but real men and women who are imbued with a little of the art of practice and can thus add their mite to help solve the innumerable problems confronting us.

So let us develop the fundamentals and not be so concerned over the temporal and accidental; within all probability posterity will reveal a little common sense. The public are enthusiastically endorsing us because they find osteopathy is a living principle; they have followed drugs to the bitter end. Osteopathy is not in need of a relic hatchery.

### Opportunities for Osteopaths

Dr. Leslie S. Keyes, secretary of the Minneapolis State Board of Osteopathic Examiners, informs us that there is a good opening for an osteopath at Lake City, which is situated on the Mississippi river and has a population of 2,877. There is also a desirable location at Waseca, population 2,838.

There are favorable openings for osteopaths in South Dakota in the towns of Webster, Andover, Waubay, Faulkton, Gettysburg, Flandreau, Dell Rapids, Hot Springs, Arlington, Springfield and Tyndall. Further information concerning these locations can be had from Dr. Mary Noyes Farr, Pierre, S. D.

There are good openings for practice in Wisconsin in the towns of Grand Rapids, Stevens Point, Marshfield and Waupaca.—Dr. L. H. Noordhoff, Oshkosh, Wis.

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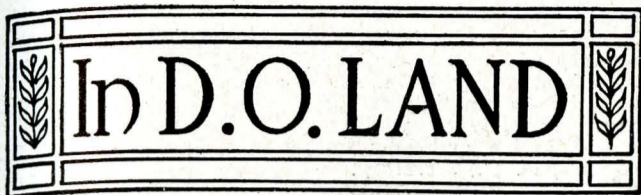
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**Chance for "Appendicitis Coming Out Parties."**

Notice to the public: Operation for appendicitis \$99.00. A generous discount will be allowed in clubs of fifteen or more.—Dr. I. B. Cuttin, For-Mo-So I-land.

**Appointed to State Board.**

Dr. T. L. Herroder, of Detroit, Mich., has been appointed member of the State Osteopathic Examining Board by Governor Osborn.

**Idaho Examinations.**

The next examination for license to practice in Idaho will be held in Boise, beginning June 28th. For particulars address E. G. Houseman, D. O., secretary Idaho State Board of Osteopathic Examiners, Nampa, Idaho.

**Osteopathy on the Stage.**

The Colonial Theater, New York City, is showing an act entitled "Mag Haggerty, Osteopath." A large delegation of New York City osteopaths went to see it May 1st. We have not received a report of their verdict.

**Pennsylvania Examinations in June.**

The next state board examinations for Pennsylvania will be held in the city hall at Philadelphia, June 19th to 22d inclusive. Those desiring application blanks or further particulars should address.—John T. Downing, Secretary, 305 Board of Trade Building, Scranton, Pa.

**Louisiana Meeting.**

The annual meeting of the Louisiana Osteopathic Association was held April 29th at New Orleans. The old officers were re-elected. President, Dr. Paul W. Geddes; vice-president, Dr. H. Wesley Mackie; secretary, Dr. Henry Tete. A prosperous growth in the organization was reported.

**Practical Work at Massachusetts Meeting.**

At the regular monthly meeting of the A. T. Still Osteopathic Association of Massachusetts, held in Boston, April 22d, Dr. Sidney A. Ellis presented five cases for diagnosis and examination. They were as follows: Epilepsy, hyperemia, dysmenorrhea, arthritis and varicose veins.

**Appointed Examining Physician.**

Dr. H. S. Ragland, of Salt Lake City, Utah, has just been appointed an examining physician for the Modern Workmen of America. This makes the second time an osteopath has been appointed examiner for this order in the state. Dr. I. R. Parsons having formerly filled a similar position.

**New Law Helps Osteopaths.**

Chiropractics and Mechano Therapy operators have been overrunning Salt Lake City during the past year, but the recent medical bill passed by the legislature has caused them a good deal of consternation and many of them have left the city and those who have remained have taken the prefix "Doctor" from their signs.

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As a treatment for nerve trouble and lost vitality it cannot be surpassed. **Three months' use of the cabinet will work wonderful results** and the patients will feel the beneficial results derived even after the first "Thermal Bath."

Dr. Anderson of Yale University says: "I am using your cabinet in the college gymnasium and at my home. I find it very valuable in treating rheumatism and many other diseases."

**Every Physician Should Possess and Use the Robinson Thermal Bath Cabinet**

Even physicians are astonished at wonderful results derived from use of this cabinet. The change in condition after a "Thermal Bath" feels like the results of a **three months' vacation** in the country. It opens the pores and expels or sweats

the poison from the body. It soothes and tones the system and clears the complexion. No matter how tired and worn out you are a "Thermal Bath" will instantly refreshen and mentally brighten you. **Removes care and worry and brings you back to your normal self.** We are so confident of the merits of this wonderful cabinet that we are willing to ship it on

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with the distinct and positive understanding that if it is not entirely satisfactory and does not give the results claimed you can return it to us and we'll refund your money.

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It is a characteristic tendency of human mankind not to adopt improvements until they are forced upon him.

We may read of wonderful inventions but invariably do not investigate and substantiate the claim for our personal satisfaction. It is true in this case with the exception that there are thousands of these cabinets in actual use, giving absolute and perfect satisfaction. Unless you investigate this cabinet you cannot determine its efficiency. Once you give it a thorough trial you would no more do without it than you would without your bath tub. These cabinets will eventually be in every home—as soon as the people are educated what the Thermal Bath stands for—sanitary cleanliness and health.

If you are a physician and want one of these cabinets for personal use, **send us the names and addresses of your patients** who would be benefited by use of these cabinets and we will send you details of our proposition whereby we will ship you

one of these cabinets absolutely free of charge, without a penny of expense to you.

**Be Progressive and Up-to-Date**

Even if you have no immediate intention of getting one of these cabinets you cannot afford neglecting to investigate its merits. This is the age of competition in professional as well as commercial lines and the physician who makes a big success is he who is constantly endeavoring to be equipped with the most modern methods of treatment.

**Osteopathic Physicians Will Find This Cabinet Invaluable**

For the treatment of Gynecological and Obesity cases it is unexcelled. Hundreds of patients under medical treatment for nervous ailments have derived successful results in adding flesh with this cabinet. **It builds as well as reduces flesh.**

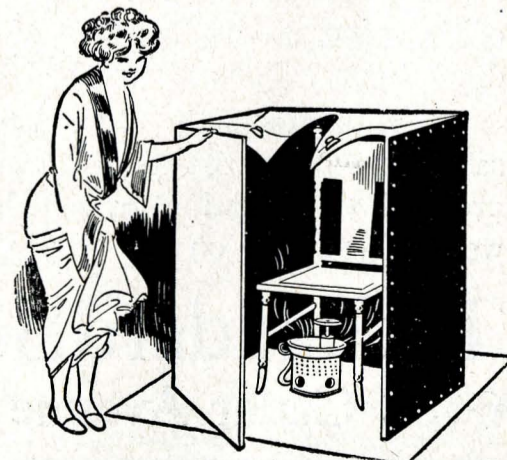
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**Massachusetts Annual Meeting.**

The Massachusetts Osteopathic Society held its annual meeting at Boston, May 6th. Officers elected were: President, Dr. Aubrey W. Hart, Boston; vice-president, Dr. Frank M. Vaughan, Somerville; secretary, Dr. Effie L. Rogers, Boston; treasurer, Dr. Geo. E. Perkins, Wellesley Hills.

**Colorado Bill Killed in Senate.**

The Colorado Osteopathic bill went down to defeat in the state senate, May 5th, when a motion to strike out the enacting clause was carried by votes of 18 to 16. The defeat of the bill was, to a great extent, secured by Senator Dr. W. H. Sharpley, the allopathic member of the senate, who has so bitterly fought the osteopaths all the way through.

**Boston Monthly Meeting.**

The Boston Osteopathic Society held a regular meeting April 15th. Dr. Arthur M. Lane spoke on "Is It Possible to Give Adjustive Treatment Without Discomfort to the Patient?" following his talk with a number of demonstrations. Dr. W. Arthur Smith talked on "The Value of Certain Therapeutic Baths in Lowering Blood Pressure," which was followed by discussion.

**No Osteopathic Law in New Jersey.**

Final report from New Jersey shows that although we succeeded in getting the osteopathic measure reconsidered in the House and finally passed, the legislature adjourned without any vote being taken in the Senate. The medical bill met the same fate, passing the House and failing to get a vote in the Senate. The prospects seem good for the securing of an osteopathic bill next year.

**Atlas Club Anticipates Grand Reunion.**

The Atlas club has over 500 members. We want them all to meet in Chicago. Dr. Henry S. Bunting has promised something new and novel for the Atlas smoker. If you do not smoke you will have a good time watching the other fellow—it may be his first time. The Atlas brothers will take care of you. Let us make this meeting of the Atlas club something to be remembered.—Dr. Fred W. Gage, Chicago.

**Kansas Annual Meeting.**

The Kansas Osteopathic Association will hold its tenth annual meeting at Emporia, May 19th and 20th. An exceptionally good program and entertainment has been provided for. The program, in part, is as follows: Address of Welcome, W. A. White; address of president, Dr. Godfrey, Holton; "Neuritis," Dr. Lathrop, Olathe; "Clinics," Dr. Connor, Kansas City; "Tumors," Dr. Benneson, Clay Center; "Lecture and Clinics," Dr. Hildreth, St. Louis; "Rib Lesions," Dr. Connor, Kansas City.

# Central College of Osteopathy

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¶ Our grounds and buildings centrally located; best college location in the city.

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**DR. GEO. MOFFETT, Sec.**  
**Kansas City, Mo.**

**Salt Lake City Will Entertain.**

The Utah State Osteopathic Association invites all osteopaths who can make it convenient to do so, to stop at Salt Lake City en route to Chicago, in July. Salt Lake City is an interesting place and we shall take pleasure in showing you around. Let us know when you will arrive and how long you will stay.—Alice E. Houghton, D. O., secretary.

**Osteopathic Testimony Wins Damage Cases.**

Dr. W. T. Thomas, of Tacoma, Wash., was recently called as an expert witness before the United States Circuit Court in two damage cases; one being Effie Wehmhoff vs. Tacoma Railway & Power Company, the other Granville Turner vs. Tacoma Railway & Power Company. The first case was awarded \$1,846 and the second \$5,000. The attorneys said that Dr. Thomas' testimony won the favorable verdicts.

**New Dean for Philadelphia College.**

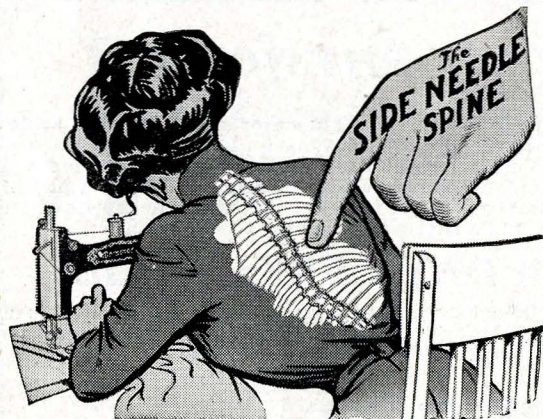
Dr. Charles J. Muttart, dean of the Philadelphia College of Osteopathy for five years, has resigned, and Dr. Arthur M. Flack has been chosen as his successor. Dr. Muttart is much interested in research work and the increase in his private practice together with his duties at the college left him practically no time for scientific investigations. Dr. Flack will take office beginning with the next term. He has been connected with the college for five years and is professor of pathology, bacteriology, and applied anatomy.

**Profession Loses a Stalwart Member.**

Dr. George H. Pontius of Lockport, N. Y., died at midnight, Saturday, April 22, from appendicitis. Dr. Pontius graduated at the American school in 1904 and located for a time in Buffalo, N. Y. About six years ago he moved to Lockport where he has not only built up a fine practice, but made an enviable reputation as a professional man of the highest integrity. He was devoted to his profession and his loyalty to it caused him to sacrifice his own health in the interest of his patients. He was a member of the state and national societies of his profession and always ready to advance its interests. His widow and young daughter will probably make their home in Buffalo.

**California Convention.**

The regular annual meeting of the California Osteopathic Association will occur at Los Angeles, June 1st, 2d and 3d. A splendid program has been prepared which in part is as follows: "Definite Diagnosis of Acute Infections and Relation to Public Health," Dr. C. A. Whiting; "The Spinal Lesion in Relation to Acute Infectious Diseases," Dr. Grace Schilling; "Accidents of Pregnancy and Labor," Dr. Lillian Whiting; "Borderland Pathology," Dr. Curtis Brigham; "The After-Treatment of Surgical Cases," Dr. J. LeRoy Near; "The



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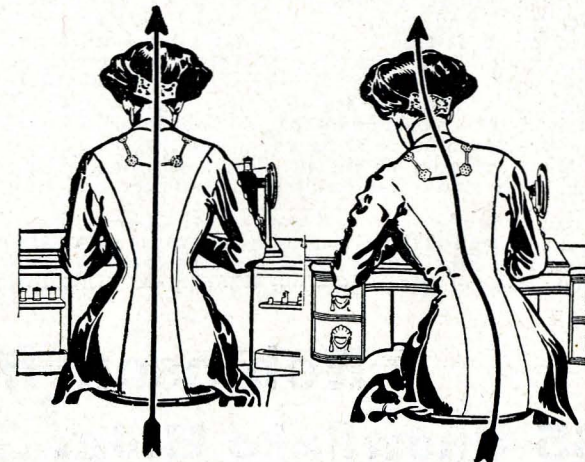
**I**N the broad sense, a physician is the guardian of the health of the community. Can you conscientiously remain indifferent to the fact that the ordinary side needle sewing machine is ruining the health of thousands of women? If you are not familiar with the facts we ask you to investigate.

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The fallacy of the old construction and the merit of the **Central Needle Idea** is so self evident that the briefest, earnest consideration of the matter will convince you. It prompts the question aroused by so many inventions—why wasn't it done before? May we send you data on this vitally important but heretofore neglected subject? *v v v*

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Adequate Treatment of Diphtheria," Dr. Chas. Spenser; "Multiple Neuritis," Drs. Robert D. Emery and Louisa Burns; "The Reactions of the Body to Bacteria," Dr. H. E. Penland; "The Role of Surgery in Gynecology," Dr. Larites White.

#### Wisconsin Convention.

The thirteenth annual convention of the Wisconsin State Osteopathic Association was held May 5th at Madison. Dr. George M. Laughlin, of Kirksville, gave an address on "Infantile Paralysis," and Dr. Harrison H. Fryette, of Chicago, gave a talk on "Internal Secretions." Officers elected were: President, Dr. E. M. Olds, Green Bay; vice-president, Dr. E. C. Murphy, Eau Claire; secretary, Dr. E. J. Elton, Milwaukee; treasurer, Dr. Harriet A. Whitehead, Wausau; member of Executive Board, Dr. A. F. Haag, Evansville; member of legislative committee, Dr. K. W. Shipman, Janesville; delegate to the national convention, Dr. Nellie Fisher, Wauwatosa; alternate delegate, Dr. A. S. Heggen, Madison.

#### Chicago Monthly Meeting.

The Chicago Osteopathic Association held its regular monthly meeting at the La Salle hotel on May 4th. The report of the clinic committee shows a very flourishing condition of the clinics being held at the Bethesda church, and any member will find it very interesting and instructive to attend these clinics, which are held at the church every Friday evening. Dr. Frank C. Farmer gave an interesting lecture on Arterial Sclerosis, which was enjoyed by all present. At the next regular meeting of the association, which will be held at the La Salle hotel on June 1st, election of officers will be held, and all the members are urged to be present.—Arthur H. Tuttle, D. O., Secretary.

#### Second District Iowa Meeting.

The Second District Iowa Osteopathic Association held its regular semi-annual meeting at Clinton, April 27th. The program as carried out was: "Difficult Cases," Dr. S. B. Miller, Cedar Rapids; "The Breathing Function," Dr. Fred B. DeGroot, Rock Island, Ill.; "A Legislative Review," Dr. C. E. Crow, Muscatine; "Mental Therapeutics," Dr. J. R. Johnson, Clinton; "Routine Examination," Dr. Frank C. Farmer, Chicago; "Clinics and Round Table" conducted by Dr. Farmer. Luncheon was served at the Lafayette Hotel in the evening. Officers elected were: President, Dr. Fred B. McGroot, Rock Island, Ill.; vice-president, Dr. Grace Urban, Maquoketa; secretary, Dr. Margaret A. Hawk, Davenport; treasurer, Dr. C. C. Hitchcock, Vinton. The next meeting will be held at Davenport, October 12th.—Margaret A. Hawk, D. O., Secretary.

#### Medical Publicity in Illinois.

At Macomb, Ill., recently, under the auspices of the American Medical Association, Dr. J. B. Bacon delivered a lecture on "How May the Churches Assist in Public Health Measures." The lecture is one of a series that is to be given in the churches of the city, the whole thing being part of a general publicity plan of the allopaths. Dr. Bacon was very vigorous in his support of the Owens bill. He was much chagrined over the fact that it was side tracked and laid it to the money interests, the manufacturers of patent medicines, whiskey, opium and other drugs. The lecture was given very generous space in the local papers, and Dr. M. P. Browning took occasion to reply to a number of Dr. Bacon's statements concerning the Owens bill, pointing out some inaccuracies and making it plain that the Owens bill was, in reality, not such a humanitarian measure as its advocates would have the public believe, but rather on the other hand was designed to give the allopaths a practical monopoly of the healing business.

#### Ontario Semi-Annual Meeting.

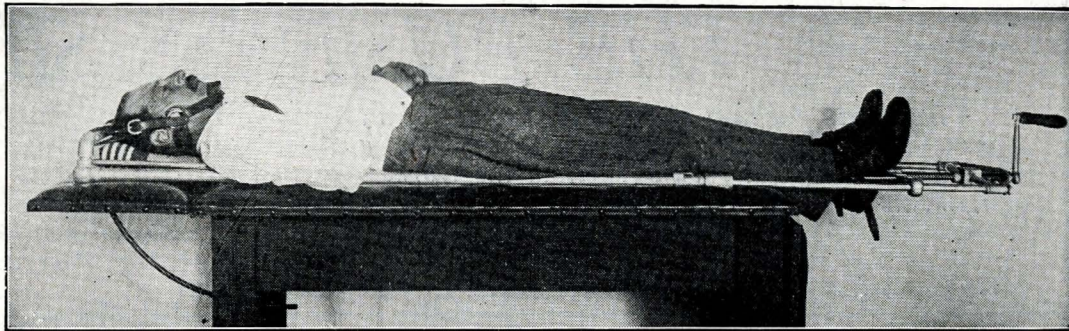
The tenth semi-annual meeting of the Ontario Association of Osteopathy was held in the Temple building, Toronto, April 17th. The following excellent program was enjoyed by a good attendance of members and visiting osteopaths: "Hip Disease," with clinics, Dr. James B. Littlejohn, Chicago, Ill.; "Acute Anterior Poliomyelitis," with clinics, Dr. Albert D. Heist, Geneva, N. Y.; "Hygienic Sleep," Dr. H. C. Jaquith, Toronto; "The Forbes' Technique," by a number of recent graduates of the L. A. C. O. The subjects which proved most interesting and which created lively discussions were "Hip Disease," by Dr. Littlejohn, and "Acute Anterior Poliomyelitis," by Dr. Heist. Several interesting clinics were presented in connection with Dr. Heist's subject. The meeting was unanimously in favor of the 1912 convention of the American Osteopathic Association being held in Detroit. The annual meeting of the Ontario Association of Osteopathy will be held in Toronto early in September.—A. G. Walmsley, D. O.

#### Kentucky Convention.

The thirteenth annual convention of the Kentucky Osteopathic Association was held at Louisville, May 5th and 6th. Guests of honor who addressed the meeting were: Dr. George Still, of Kirksville, and Dr. Orren E. Smith, of Indianapolis. The officers elected were: President, Dr. J. T. Gilbert, Paducah; vice-president, Dr. J. M. Coffman, Owensboro; secretary and treasurer, Dr. Martha Petree, Paris; board of trustees, Dr. G. W. Parker, Madisonville; Dr. Frank A. Collyer, Louisville; and Dr. E. W. Patterson, Rochester. An excellent program was provided which we report in part as follows: "Emergencies," followed by clinic, by Dr. G. A. Still, Kirksville; "Pneumonia and Its Treatment," Dr. G. W. Parker, Madisonville; "The Teething Babies' Second Summer, Care and Treatment," Dr. O. C. Robertson, Cynthia; "Acute Gastritis," Dr. Nora B. Pherigo, Fulton; "Some Observations Upon Osteopathic and Psycho-Therapeutic Treatment in Neurosis," Dr. G. B. Waller, Louisville; "Obstetrics," Dr. K. W. Coffman, Owensboro; "Clinical Demonstration

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When not in use can be placed in a closet or hung on a wall, curtained. Will stand any test of strength, yet light in weight so as to make it convenient to use out of office. Adjustable for all size patients. Tension scale—enabling the physician to determine the amount of tension applied to each patient, to be increased or diminished as desired. In operating place on any ordinary treating table, couch, bed or floor. Correspondence solicited.

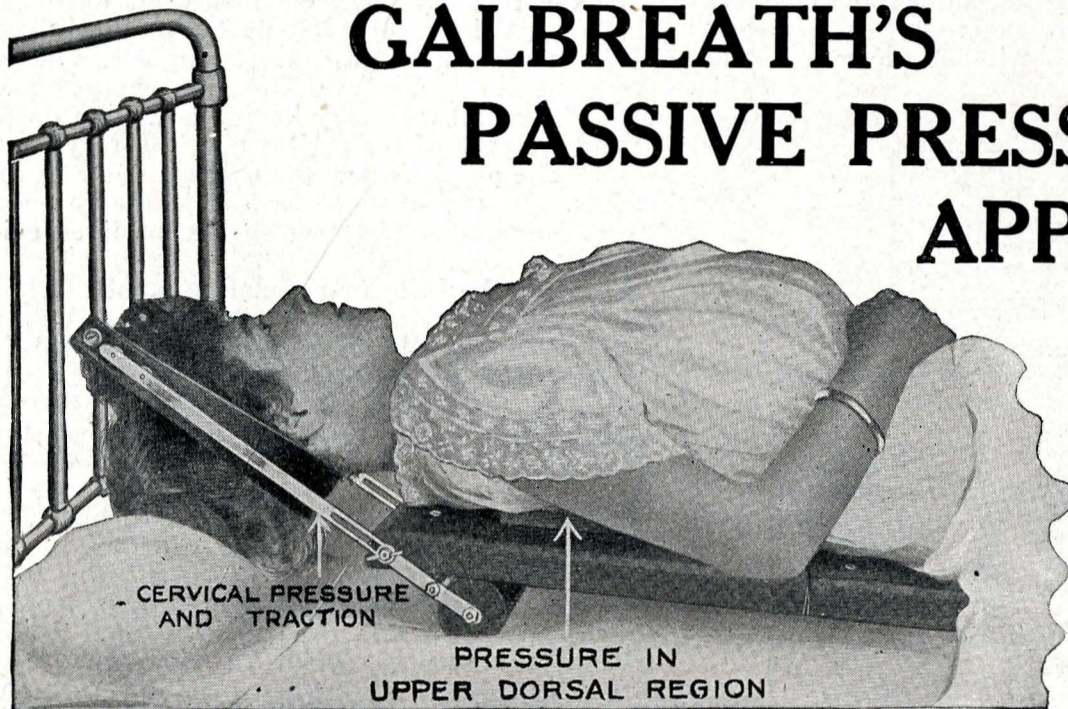
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The Passive Pressure Appliance is indispensable in all acute diseases, and will, when properly used, secure results in many chronic ailments where manual treatment alone is ineffectual.

The Passive Pressure Appliance will enable you to hold and cure many patients who otherwise would discontinue treatment before giving osteopathy a fair trial.

Every osteopath in general practice, who has the welfare of his practice at heart, will add to his professional equipment Galbreath's Passive Pressure Appliance.

DR. WM. OTIS GALBREATH, 517 Weightman Bldg., Philadelphia

of the Cast and Jury Mast in Tubercular Spines," Dr. Martha Petree, Paris; "The Importance of Urinary Examination," Dr. F. A. Collyer, Louisville; "Typhoid Fever and Treatment," Dr. E. O. Vance, Lexington; "Version, Flexions, Prolapses, Treatment," Dr. Lillian Collyer, Louisville; "Techniques and Results," Dr. Orren E. Smith, Indianapolis, Ind.—Martha Petree, D. O., Sec'y.

#### Governor Colquitt Guest of Texas Osteopaths.

The eleventh annual convention of the Texas Osteopathic Association was held at the St. Anthony hotel, San Antonio, April 22d and 23d. This was the most successful meeting in the history of the association. The first day's session included, "Invocation," Rabbi Marks; Address of Welcome, City Attorney Ryan. Question Box and Discussions, Dr. George A. Still, of Kirksville. At 4 p. m. the convention adjourned to witness the battle of the flowers which is the feature of the annual San Antonio Flower Carnival.

At night the members of the convention were entertained at a banquet at the St. Anthony given them by San Antonio's eight loyal members of the T. O. A.: Drs. Paul M. Peck, Mary E. Peck, Charlotte Strum, J. R. Cunningham, Sara F. Herdeman, Percy Hatcher, L. G. Ament, Charles K. Garring. Dr. Paul M. Peck acted as toastmaster. Hon. O. B. Colquitt, governor of Texas, made a fifteen-minute response to a toast. The second day's program opened with a clinic by George A. Still who performed a Lorenze operation for congenital hip dislocation on a child eight years of age. The operation was apparently successful. There were also clinics and discussions on cases presented of Pott's disease, appendicitis, brain tumor, torticollis, anterior poliomyelitis. Officers elected were: President, Dr. G. A. Cobb, Port Arthur; vice-president, Dr. Charles Strum, San Antonio; secretary, Dr. H. B. Mason, Temple; trustees, Dr. A. D. Ray, Cleburne; Dr. A. J. Tarr, Mineral Wells; Dr. G. L. Spivey, Corpus Christi; legislative committee,

Dr. T. L. Ray, Ft. Worth; Dr. J. L. Holloway, Dallas, Dr. H. B. Mason, Temple. Fort Worth was chosen as the place for the next annual meeting. The M. K. & T. was selected for the official route to the A. O. A. convention. After adjournment the members of the association enjoyed a motor car ride to the army post campment where they witnessed a review of ten thousand United States troops and a flight of the army biplanes, thence to points of interest about the city. The state association is in a very prosperous condition and the members are all working in harmony for the advancement of Osteopathy.—H. B. Mason, D. O., Secretary.

#### The Healing Art.

All who practice the healing art should be broad minded enough to employ the means and the aids which nature has provided, research has discovered an actual experience demonstrated to be of superior merit.

The physician, whether he be osteopath, homeopath or old school, who refuses to employ methods and treatments simply because they were discovered or advocated by a member of another school, is extremely narrow minded. Such men seldom reach any eminence in their profession.

The majority of osteopathic physicians are less hide-bound and tied down by the red tape of tradition. They think more of actual healing—of real results—than any particular cult or theory.

Uremic poisoning through faulty elimination is just as serious a problem with the osteopath as it is with other physicians.

Many osteopaths are now using the natural Min-Ala waters from the town of Mineral Wells, Texas, with excellent results in the treatment of Rheumatism, Bright's Disease, Diabetes, Intestinal Atony and other manifestations of incomplete elimination.

The Min-Ala Water has wonderful solvent properties and has proven a great aid to osteopaths in their treatment of the above ailments.

# THE BUSINESS SIDE OF PRACTICE.

The purely business side of practice is too often almost entirely neglected and seldom gets the attention it deserves. The average doctor becomes so engrossed in the study of his science and its practical application that he overlooks many details that would tend to better success, financially, and greater enjoyment in his work. On this page we want to discuss such things as the keeping of case records and accounts; office equipments and furnishings; arrangements of offices and treating rooms; conveniences for callers and patients, etc. We shall welcome suggestions from doctors as to the methods they have found satisfactory, and also information from manufacturers of physicians' furniture and equipment. Anything that will make an office more attractive in appearance, or more convenient; or any system or method by which business efficiency may be increased will be germane and acceptable.

IT IS an undisputed fact that the business side of the practice is neglected in all too many cases. The physician has the unenviable reputation of being extremely negligent in the matter of keeping up the business end of his work. The cause probably is easy to find in the fact that the scientific end is the physician's main concern with the result that other vital matters suffer. Yet because of economic conditions it is absolutely essential that this business phase should not be slighted. No osteopathic physician can afford to keep inaccurate accounts or let them slide along indefinitely without payment. Nor

The History Sheet is adapted especially to the work of the osteopath. The front provides space for the case record and the account; the back carries the illustrated history, the personal history, the osteopathic lesions, etc. The sheet is designed to carry the whole history and account of one whole case. This method of combining all details on one form does away with the necessity of numerous books, slips and cards. The advantage of this is apparent.

At the time the physician makes his examination or call he records all data regarding diagnosis, temperature, pulse, treatment, etc., and at the same time enters the amounts charged and paid. Thus, all necessary items are written down in the presence of the patient and in a very short time. The physician has the original entry of all details. In any case of law it is the original entry, not the duplicate, which is considered evidence.

From the business or accounting point of view the History Sheet is extremely simple. Debits and credits are put down while the patient is still in your presence. There is no further posting. It is a one-writing plan and there is no doubt of the superiority of this method over the old daybook-ledger system.

When it is time for making out bills, it is merely a case of following along the alphabetical guide and taking off the balances which are plainly marked in the corner of the sheet. The balance due you can be ascertained at a moment's notice and can be told the patient without delay.

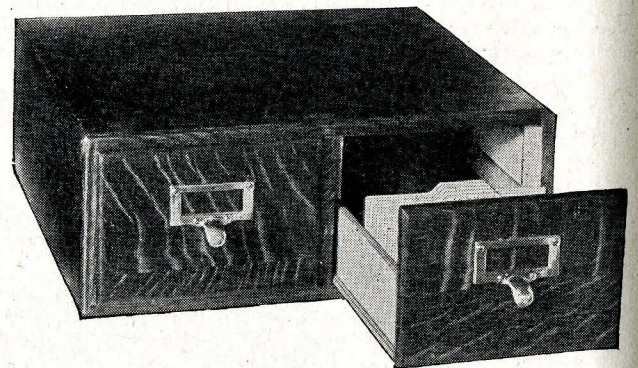
From the scientific point of view, the History Sheet keeps always at hand an accurate record of the scientific details of the case. Such records are valuable because of the fact that the physician can tell exactly the details of any previous illness or illnesses.

The effect such a record has on the patient is also important. There is a psychological effect which cannot be overlooked. When a patient comes to you and you are able to refer to his previous record, telling exactly what the symptoms and treatment were in previous cases, there naturally arises in the patient a respect for you and your manner of working.

This, in a brief way, describes the general make-up of the History Sheet. The simplicity, elasticity, practicability and conciseness of the form are

Sheets is this: A pocket case of seal grain leather, wallet size, is provided for carrying History Sheets and other material to cases outside the office. This case is provided with a flat writing surface so that History Sheets may be written upon without removal from case.

In the side of the case is a large pocket for carrying a supply of History Sheets. Two smaller



Filing Cabinet.

pockets in the body of the case are used for filing material until the office is reached.

Simplicity of design is carried out in this pocket case as in all other parts of the system. The size and shape allow it to be carried conveniently in the pocket. The use of this case does away with the necessity for numerous note books and other memorandum devices.

Now, as to the filing device: For this, a special filing envelope and a filing cabinet equipped with alphabetical guides, etc., are provided.

For keeping together all data, as History Sheets, etc., a special filing envelope is supplied. This is so constructed that details regarding patient's name and address, diagnosis, balance of account, etc., are plainly seen without removal from envelope. No writing on the outside of envelope is necessary. All is in plain view.

The cabinet is quarter-sawed oak, golden finish, dove tail construction and contains two drawers, each drawer being provided with proper labels and guides, alphabetical and numerical.

Cases are filed in filing cabinet according to whether they are "active" or "through treating." One drawer will be used for each class. Thus the filing arrangement is as simple as it can be made.

To recapitulate: The advantages of this method are: Elimination of all posting; combines all data of one case on one form; is incontestable in accident or tort cases or in cases of disputed accounts; has a positive psychological effect on the patient, inspiring confidence; does away with forgotten charges or calls; is a protection to an estate, showing always what is due in unpaid accounts; the careful following up of accounts results in a saving of money; the accounting part of the system is so simple that any member of the family can make out bills; aids materially in diagnosis; is characterized by simplicity, compactness and practicability.

We have made an arrangement with the Physicians' Record Company by which this System may be obtained for \$10.00. Catalog and further information will be sent on request. Address *The Business Side of Practice*, care THE OSTEO-PATHIC PHYSICIAN, Chicago.

Lest we forget! A. O. A. National Convention, Chicago, July 25th-28th, 1911.

History Sheet and Account Card.

can he afford not to keep exact scientific data regarding his cases.

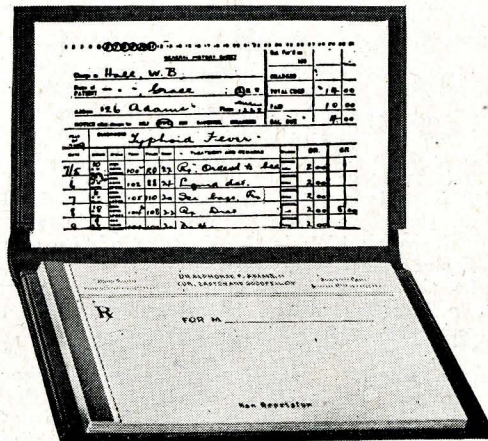
Accurate records are the basis of the correction of many of the business evils of the osteopathic physician. Now, the question is, how can this recording of business and scientific details be accomplished with the least time and labor and with the least encroachment on the main purpose of practice, the therapeutic end.

An Osteopathic Record System put out by the Physician's Record Company of Chicago fills this need excellently. The principle on which their system is built permits the keeping of absolutely accurate records, business and scientific, with a minimum expenditure of time and energy.

The value of any system lies in its being able to condense and classify data and in making that data easily accessible. A physician's system, therefore, which combines all details of account, treatment and illustrated history on one history sheet and which eliminates all posting of books, cards, etc., is one which carries out the full meaning of "system."

On this plan of writing all case data on one sheet the osteopathic system of the Physicians' Record Company has been worked out.

Roughly divided, the main points of the system are, (1) the History Sheet, (2) the Pocket Case, providing means for carrying Sheets, etc., and (3) the Filing Device.



Pocket Case for Use on Outside Calls.

apparent. There is concentration of material. There is always the element of time and labor saving.

The manner of carrying and filling out these



## The June Osteopathic Health

The June number of *Osteopathic Health* is now being distributed. It is a very reasonable issue, with a pretty cover and a series of articles which will win attention even in warm weather. The leading article under the heading, "Osteopathy, Tubercular Glands and Educated People," is a strong plea for unprejudiced investigation and consistent trial. It brings out the fact that intelligent people are often densely ignorant on certain subjects and that in regard to osteopathy, particularly, a great many people commonly regarded as well educated, entertain the most absurd ideas. It is bound to make many people decide to give osteopathy an impartial investigation before forming conclusions concerning it. This is followed by "Pulmonary Tuberculosis Under Osteopathic Care," pointing out the assistance that an osteopath may reasonably be expected to be able to give in such cases. Headaches are so common that a few words regarding their cause and cure are always appropriate. The little talk in this issue briefly indicated the variety of causes that may produce headache and emphasizes the need of locating the cause and removing it if permanent cure is to be effected.

"Relaxation, the Foe of Insomnia," is a splendid discussion of the subject, showing how, by relieving tired nerves and relaxing over-strained muscles, the osteopath enables the sufferer to enjoy natural, refreshing sleep, and renders the use of narcotics unnecessary. Then there are talks on "Anemia" and "Preventing Apoplectic Strokes," followed by some timely words on Hay Fever. "Osteopathy For the Eyes" touches a phase of osteopathic work that will receive more attention in a later issue. "Osteopathy Not a Narrow Practice" is intended for those who persistently assume that osteopathy is limited to this or that class of diseases or cases. It's a fallacy that sticks very tenaciously with many people. "Deformities, Big and Little," points out that the osteopath, by reason of his special training and knowledge, is fully equipped to treat to the best advantage deformities of the more prominent character as well as the minute ones, the correction of which form the larger part of the average osteopathic practice.

It's a very useful number for general circulation, touching as it does subjects of wide interest and common experience. The articles are brief, which is desirable at a season when the weather is likely to be warm and people disinclined to heavy reading. We cannot afford to let them entirely forget osteopathy, however, and this June issue is the best kind of summer osteopathic reading matter. One of the best times to work to keep up interest is just when naturally it would be inclined to flag. You can materially help your summer practice by prompt distribution of this June *Osteopathic Health*.

RALPH ARNOLD, assistant manager. The Osteopathic Publishing Co., 215 South Market Street, Chicago.

"The only literature I have used since coming to New York has been *Osteopathic Health*. It has proved satisfactory to patients and prospectives, and I intend supplying it indefinitely to such patients as desire it. One enthusiastic patient binds her copies."—Dr. Franklin Fiske, New York City, April 24th.

"I am not in active practice just now, but I want to tell you that this May number of *Osteopathic Health* is fine. Please send me twenty-five copies of it just to distribute to my friends personally."—Dr. Hugo A. Rehfeld, Fairmont, Minn., April 24th.

"We want to thank you for giving us such good educational numbers of *Osteopathic Health*."—Drs. Mary B. and Chas. Cornelius, Winnipeg, Canada, April 5th.

## HEADACHES! No Drugs!

G-H Headache Appliance relieves headaches, sick headaches, pains in and about the eyes, almost every affliction of head and face.

\$1.50 Post Paid.

\$1.00 to Osteopaths.

Dr. Clyde Gray, Horton, Kansas

## A Manual of Osteopathic Gynecology

By PERCY H. WOODALL, M. D., D. O.  
SECOND EDITION

Revised, Enlarged and Illustrated

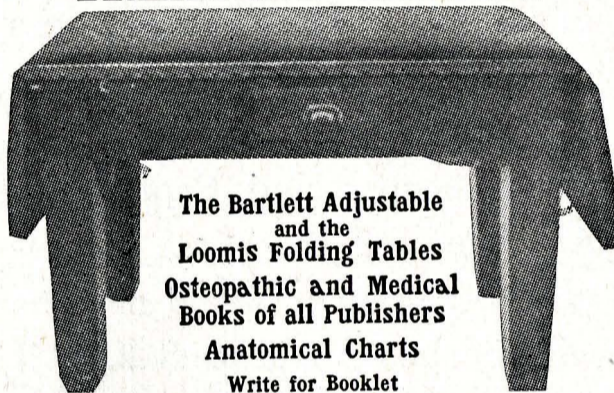
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## TREATING TABLES



THE OSTEOPATHIC SUPPLY CO.  
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## The Solar Germicide or "Day Light"

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Birthmarks, Wens, Warts,  
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Hemorrhoids AND OTHER  
BLEMISHES.

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MAYFIELD, - - - KY.

## TREATING TABLES



QUALITY, DURABILITY, NEATNESS

Dr. GEORGE T. HAYMAN, Manufacturer  
317 Mint Arcade Bldg., PHILADELPHIA, PA.

The April *Osteopathic Health* is a hummer. It answers a long felt need, and our patients devour it greedily, and ask for copies to send to their friends. Now, when are you going to have one on Typhoid Fever? Half the laity do not know that we treat it and it will be a decided benefit to have a booklet on that subject. The May issue is splendid, too. We have a competent office assistant and half a dozen osteopathic friends who pass on these things and blue pencil or O. K., as the thing appeals to them from the laity's standpoint. They all agree that there is steady improvement in *Osteopathic Health*.—Dr. Roberts Wimer-Ford, Seattle, Wash., April 26th.



Dr. Otis Akin, of Portland, Ore., will sail from Philadelphia on May 24th for Europe for further study. He will spend several months in the clinic of Dr. Lorenz at Vienna and Dr. Calot at Berck, France.

Dr. Howard T. Crawford, of Boston, writes that he and Dr. Nell Cutler Crawford have finally decided to settle down within five hundred yards of the "birthplace of American Liberty." He says that he will be able to show some of the best ever garden truck, and likewise a couple of as nice boys as you can find anywhere. This is apropos of the fact that Dr. Crawford has recently purchased an estate at Lexington, which is a suburb of Boston, consisting of an attractive house of twelve rooms, situated on about an acre of ground, and valued by assessors at about \$9,300. We congratulate Dr. Crawford on this substantial evidence of success and we wish him many years of enjoyment of his beautiful new home.

Dr. W. L. Laslett, of Boston, and West Roxbury, Mass., has changed his West Roxbury address from 21 Danville street, to 16 Hastings street.

Dr. W. E. Waldo, of Seattle, Wash., has opened new offices at 201-2 Northern Bank and Trust building, where he will practice Monday, Wednesday, Friday and Tuesday. Thursday and Saturday he will be at his office in the Toby building.

Dr. Emma Purcell, of Lancaster, Pa., has been suffering from a severe illness since about the first of the year. She is now recovering, however, and expects to be back in active practice by June. Dr. Annetta Ploss, of Philadelphia, has had charge of her practice for some time.

Dr. Carrie P. Parenteau, of Chicago, has removed from 6547 Harvard avenue, to 6521 Harvard avenue, where she has larger and more convenient quarters.

Dr. M. G. E. Bennett, formerly of Bethany, Nebraska, has located at Superior, succeeding to the practice of Dr. J. G. Young.

Dr. W. L. Klugherz, who has been practicing in Buffalo, N. Y., for some time past, has returned to his old location in Batavia, N. Y. He says that after roaming about a bit he finds it hard to beat Batavia in every respect. He has fitted up offices at 16 Bank street.

Dr. Leslie S. Keyes, of Minneapolis, who was among those recently burned out, has secured temporary offices at 417 Medical block. Dr. Keyes is secretary of the State Board of Osteopathic Examiners, and all communications for the Board should be addressed to him as above. The Board's books and records were not destroyed, as they were kept in a steel file case, and were found in good condition, although the box itself fell three stories into the basement.

Dr. George M. Wade, of Minneapolis, has secured new offices at 340 Andrus building. He writes us that he is the first osteopath ever allowed in the building, and that he had to get the consent of the president of the Hennepin Council Medical Society before the owners would permit him to sign the lease.

Dr. W. S. Mills, of Ann Arbor, Mich., was re-elected President of the Council on the Democratic ticket at the city election held April 3rd.

Dr. W. A. Cole, of Oklahoma City, Okla., has been confined to his home, suffering from a very acute attack of rheumatic fever.

Dr. F. L. Davis, who has just graduated from the medical department of the University of Nashville and Tennessee, sends us one of the commencement programs, which is certainly one of the classiest little productions that it has been our pleasure to see for a long time. The information is printed on heavy rough paper, bound in buff limp leather cover. The cover is heavily embossed, the initials of the university, N. and T., being gold laid, and in the lower right hand corner there is a conventional skull. On the title page of the booklet there is reproduced a well known picture by E. A. Wright, of Philadelphia, which shows a physician in attendance on a sick child. It is a critical time and the father and mother are shown dimly in the background. Dr. Davis is not only graduated of medicine, but is also a graduate and a post-graduate of the American School of Osteopathy. He was in practice some years ago at Savannah, but has been out of practice temporarily while pursuing his medical course. He will now become associated with Dr. Fanny C. Bennett, at Augusta, Ga. Dr. Bennett's husband, it will be remembered, was killed in an accident recently, as recorded in "The O. P." Dr. Davis has had five years successful active practice as an osteopath and we are sure that the partnership with Dr. Fannie Bennett at Augusta should prove successful and satisfactory to both.

Dr. H. F. Wright has removed from the Austin-Marr building, to rooms 308-309 Herald building. The Herald building is more centrally located and gives Dr. Wright more convenient and desirable quarters.



Dr. Otis Akin, of Portland, Ore., addressed the Young Women's Christian Association, of that city, on May 7th, his subject dealing with the anatomy of the foot and proper styles in shoes.

Dr. G. A. Gamble and Mrs. Gamble, of Salt Lake City, spent the winter in El Paso, Texas. Dr. H. S. Ragland looked after the practice while they were away. Dr. Ragland will continue to be associated with Dr. Gamble. New offices have been secured at 608-9 McIntyre building.

Mrs. E. G. Magill, who is an osteopath and who has been acting as assistant in the office of Drs. Wendell and Magill, at Peoria, Ill., suffered an attack of cerebral hemorrhage on April 22d, which seriously affected the right side of her body. She is gradually improving and confident hopes are entertained for a complete recovery in a short time.

Dr. Minard A. Smith, of Waynesville, Ill., died May 5th, as a result of a protracted illness. The body was taken to Champaign for burial. Among those acting as pallbearers were Dr. F. A. Parker, W. S. Hartford, and Dr. Wm. Hartford, of Champaign; Dr. F. C. Hill, of Homer, and Dr. C. O. Cline, of Monticello.

### Locations and Removals

Dr. J. W. Alkire, from Fortuna, to Red Bluff, Cal.  
Dr. Eudora Axtell, from Los Angeles, to 606 Berkeley National Bank building, Berkeley, Cal.

Dr. A. L. Bondy, at 2146 Tremont place, Denver, Colo.  
Drs. Chapman & Chapman, from La Grange to Kendallville, Ind.

Dr. W. G. Classen, from Dallas, Tex., to Colcord building, Oklahoma City, Okla.

Dr. Howard T. Crawford, from 673 Boylston street, to 22 Hancock street, Boston, Mass.

Dr. Henry Dessau, from Burke, to 414 Thayer building, Oakland, Cal.

Drs. Daugherty & Mantle, from 220 Griesheim building, to 603 Peoples Bank building, Bloomington, Ill.

Dr. Guy W. Estey, from Newcastle, N. B., to 21 Tyler building, Pawtucket, R. I.

Dr. Julia V. Frey, from 1210, to 1685 E. Sixteenth avenue, Denver, Colo.

Dr. Henry M. Fouty, from La Harpe, Kans., to Mountain Grove, Mo.

Dr. Clifford B. Hunt, from Council Bluffs, Iowa, to Murphy block, S. Omaha, Nebr.

Drs. Hook & Price, from First avenue and Walnut street, to 108 N. Main street, Hutchinson, Kans.

Dr. Bertha M. Held, from Joplin, Mo., to Washburn, Ill.

Dr. W. L. Klugherz, from Buffalo, to 16 Bank street, Batavia, N. Y.

Dr. J. A. Kerr, from Wooster, to Myers block, Ashland, Ohio.

Dr. H. C. Kennington, from 755, to 1069 Boylston street, Boston, Mass.

Dr. E. C. Link, from Elizabeth, N. J., to 52 Broad street, Stamford, Conn.

Dr. R. F. A. Lovell, from Titusville, Pa., to Kirkwood, Mo.

Dr. W. L. Laslett, from 21 Danville street, to 16 Hastings street, West Roxbury, Mass.

Dr. A. S. Loving, from 423 Commonwealth building, to 131 E. Third avenue, Denver, Colo.

Dr. H. W. Learner, at 111 Bidwell Parkway, Buffalo, N. Y.

Dr. Thos. L. Lorbeer, from Tetley block, to Freeman building, Riverside, Cal.

Dr. O. C. Mutschler, from Lewisburg, to Keystone building, Lancaster, Pa.

Dr. Julia Morton, from Wichita, Kan., to Calzona, San Bernardino county, Cal.

Dr. Paul S. Nichols, from 11 N. Franklin street, to 23 1/2 N. Sandusky street, Delaware, Ohio.

Dr. J. H. Osborn, from Villisca, to Shenandoah, Iowa.

Dr. A. J. Olmstead, from Belle Plaine, Iowa, to 1100 Virginia avenue, S. W., Washington, D. C.

Dr. Carrie P. Parenteau, from 6547 Harvard avenue, to 6531 Harvard avenue, Chicago, Ill.

Dr. Delia B. Randel, from Canton, Miss., to 219 W. Hancock street, Ottumwa, Iowa.

Dr. P. C. Schenkelberger, from 209 State street, to 32 N. State street, Reliance building, Chicago.

Dr. Ella K. Stow, from 327 S. Olive street, to 711 Wartford avenue, Los Angeles, Cal.

Dr. C. R. Switzer, from 57 Washington street, Chicago, to 3-4-5 Rood building, Evanston, Ill.

Dr. Mary L. Sims, from 1615 Main street, to 1711 Gervais street, Columbia, S. C.

Dr. Rhodes Lee Stephens, from Nacogdoches, to First National Bank, Sulphur Springs, Texas.

Dr. W. P. Snare, from 508 Temple Court, to 1950 Dahlia street, Denver, Colo.

Dr. E. M. Tuttle, from Salem, to 528-29 Marquam building, Portland, Ore.

Dr. A. W. Vickers, from Gainesville, to Madison, Ga.

Dr. Euna J. Vincent, at 542 W. Oklugee avenue, Muskogee, Okla.

Dr. G. M. Wade, from 72 Syndicate block, to 340 Andrus building, Minneapolis, Minn.

Dr. E. J. Wolcott, from Oregon, to Haish block, DeKalb, Ill.

Dr. E. D. Warren, from Clyde to Lubbock, Texas.

Dr. A. E. Wolfe, from Malvern, to Carson, Iowa.

Dr. Frank A. Wright, from Haber block, to corner West First and Main streets, Fond du Lac, Wis.

Dr. H. F. Wright, from corner Texas and Stanton streets, to 308-9 Herald building, El Paso, Texas.

Dr. Jeness D. Wheeler, from Sarasota, Fla., to 37 Earl street, Malden, Mass.

# Summer Sale

## Practice Promotion Literature

WE make here a remarkable offer to energetic practitioners who desire plenty of summer work. At these prices anyone can afford to send out 250 magazines a month during July, August and September. An order for the same combination shipment for 3 months will be accepted at \$12.00 if paid cash in advance.

### The Combination

50 O. H. May 1910

100 " " January 1911

50 " " February 1911

50 " " April 1911

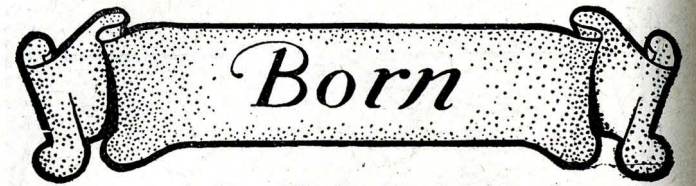
Total 250 magazines for \$4.50

Imprinted with card if desired and delivered free.

### Cash Must Accompany Order

The supply is *not* unlimited. If you really want literature, don't procrastinate and get left. We want to make a quick sale and we shall appreciate the prompt orders.

The Osteopathic Publishing Co.  
215 South Market Street CHICAGO



To Dr. and Mrs. N. B. Rundall, Petaluma, Cal., April 12, a daughter, Forence Mary.



Dr. Ionia Kate Wynne to Dr. Henry Hoefner, May 9th, at Franklin, Pa.



Dr. Minard A. Smith, of Waynesville, Ill., May 5th. Burial at Champaign.

Dr. F. T. Harrison, at Stillwater, Minn., April 15th.

Dr. George H. Pontius, of Lockport, N. Y., April 22d, of appendicitis.

Dr. G. P. Jones, of Watertown, S. D., Monday, April 24th.



WANTED—By senior student P. C.-10, position for summer as assistant or to take charge of practice, or as private physician to parties desiring such service. Address G. H. T., 22 S. 43d street, Philadelphia, Pa.

FOR SALE—Good practice and office furniture in small city, central New York. Terms reasonable. Reason for selling made known to prospective buyer. Address C. W. M., care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—\$4,000 practice in largest city in North Carolina, 40,000 population, ideal climate, desire to make change July 1st. For particulars, address N. C., care The O. P. Co., 215 S. Market street, Chicago.

WANTED—Position as assistant to practitioner or to take charge of practice during summer months or longer. Address 249, care The O. P. Co., 215 S. Market street, Chicago.

WANTED—By young man, senior student, position for three or four summer months as assistant to practitioner, or to take charge of practice, or as a private physician to accompany parties desiring such service. Address 236, care The O. P. Co., 191 Market street, Chicago.

WANTED—By competent and experienced osteopath to know of a good location in northern Illinois. Hours, or would share office with reliable osteopath. Address 250, care The O. P. Co., 215 S. Market street, Chicago.

WANTED—To purchase practice in a city of New York state. Address 251, care The O. P. Co., 215 S. Market street, Chicago.

FOR SALE—First class Stereographic Anatomy. Make an offer. Address 247, care The O. P. Co., 215 S. Market street, Chicago.

WANTED—A competent D. O. at present studying surgery in the Illinois University, wishes employment for the summer. Will act as assistant or take a practice. Can give very best of references. Address H. J. Adelman, D. O., 503 Oneida street, Joliet, Ill.

FOR SALE—Splendid Michigan practice—established 10 years in town over 30,000. Will sell office furniture and practice for \$1,200.00 cash. Gave 2374 treatments during past six months. Reason for selling, going to Europe for graduate study. Address X24, care The O. P. Co., 215 South Market street, Chicago.